

The significance of role in HIV/Aids Interventions: A case study of Interactive Themba Theatre Company (ITTC).

By

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Dedication

Our deepest fear is not that we are inadequate;

our deepest fear is that we are powerful beyond measure.

It is our light, not our darkness that most frightens us. We ask ourselves who am I to be brilliant, gorgeous, talented, and fabulous? Actually who are you *not* to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel secure around you. We are all meant to shine, as children do. We were born to make manifest the Glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give the other people permission to do the same'. As we are liberated from our own fear, our presence automatically liberates others

(Marrianne Williamson 1996: 190-191)

To all those who believe...

Abstract

The essence of this research was to interrogate the complex relationships that exist between facilitators and communities using the role technique. Communication between the facilitators and the spectators in the early days of applied drama and theatre has been described as a one way communication system that did not benefit communities. Scholars like Kerr (1991), Kidd (1991), Freire (1993), Desai (1991) and Boal (1985, 1992, 1995, 2006) have highlighted the challenges that occur in the communication process between facilitators and spectators in interventions. These scholars assert the need for a model that allows effective interactive participation of both parties in an intervention. The reason why I pursued this research was to find out what could be the best way of responding to HIV/Aids using applied drama and theatre. O'Neill (1995) points out that role is central to any theatre. It was against this background that this research sought to investigate the significance of role as a potent technique in addressing the facilitators and community relationship in HIV/Aids interventions.

This research was guided by role theory as the primary framework for the study. Scholars such as Moreno (1960, 1961), Landy (1982, 1993), Courtney (1974), O'Toole (1992), Jennings (1994), Goffman (1959), Taylor (2003), Boal (1985, 1992, 1985, 2006) and Jones (1996) among many scholars, enabled me to understand how role operates in applied drama and theatre. Much of human behaviour in interpersonal interactions is governed by our assumptions about our own role, other people's roles, and the way we perceive these roles. It is therefore natural that when we want to conduct HIV/Aids intervention, which pertain to interpersonal behaviour, we turn to role as a potent technique. The role technique gives room for the interaction of the self and the other, a suitable framework that could address the complex facilitators and community relationship. Role is inclusive and this is important in addressing the complex relationship and also ensuring the participants benefit from the interventions.

This research investigated the application of role and its effectiveness in HIV/Aids interventions using Interactive Themba Theatre Company (ITTC) as a case study. ITTC's interactive live drama performances promote dialogue and influence behaviour among people to prevent the spread of HIV/Aids. The organization provides knowledge and skills to help

people in delaying their first sexual encounter, engage in safer sex, or abstain altogether. ITTC uses an approach that revolves around role and I investigated how this has been handled and what effect it has on spectators regarding HIV/Aids related issues. The emphasis was on how role enables participants to confront challenges of denial, stigmatization and discrimination, cultural influences, care and support and peer pressure.

List of abbreviations

ITTC	:	Interactive Themba Theatre Company
ITTP	:	Interactive Themba Theatre Method
HIV	:	Human Immunodeficiency Virus
Aids	:	Acquired Immunodeficiency Syndrome
UK	:	United Kingdom
TTI	:	Themba Training Initiative
VCT	:	Voluntary Counselling and Testing
STI	:	Sexually Transmitted Infections
ABC	:	Abstinence, Be-faithful and Condomise
DRC	:	Delayed sexual encounter, Reduced sexual partners, and Condomise
ARV	:	Antiretroviral
PLWHA	:	People living with HIV/Aids
TCA	:	Theatre for Community Action
S&D	:	Stigma and Discrimination

Chapter 1

General Introduction

1.0 Introduction

One of the objectives of theatre is to bring about change in the theatrical phenomenon from passive beings into subjects, into actors, transformers of the dramatic action (Boal 1985:122). Getting involved in a theatrical experience allows a participant to go through a journey that can enable the transformation and generation of new world views. Through negotiation using role, participants and facilitators can work together using applied drama and theatre as a tool for development. Gunner asserts that:

In many parts of the world theatre is being used as a medium of education, problem solving, dialogue and mobilisation on development issues such as literacy, health, sanitation, agriculture, self-help projects and co-operatives (1994:211).

Applied drama and theatre has been used in various development projects and the major question is how effective has it been? How can we improve the application of applied drama and theatre? This formed the major thrust of this research using Interactive Themba Theatre Company (ITTTC) as case study, investigating how role has been handled and what effect it has on HIV/Aids education. ITTC uses the Interactive Themba Theatre Process (ITTP) that relies on an extensive use of role as a core medium.

1.1 Role Concept

The term role is derived from the word used to describe the roll of parchment on which an actor's part is written (Ments 1983:17). It descends directly from the theatrical usage meaning an actor's part in a drama. Ments says:

When watching a play the audience needs to be able to identify quickly the heroes and villains; they want to know the positions of each character – whether king, farmer, mother, great-aunt or grandson (Ments 1983:17).

The extension of the concept of role to the way people behave in everyday life comes from a similar need in real life for people to summarize or condense what may be complex perceptions of the constituent details of another person's appearance, attitude and behaviour. Role concept therefore acts as a shorthand for identifying and labelling a set of appearances and behaviours on the assumption that these appearances, attitudes and behaviours are characteristics of a particular personality and predictable within a given situation.

Role technique has become known as simulation or gaming. Many of these simulations involve participants in making decisions and communicating or negotiating with one another in space and time. Ments points out that in applied drama:

Students provide the human element in the system that is being studied and they are expected to react to situations in a way that will be determined by how they and other participants see their relative position, motivations and attitudes – in other words how they see their role within the system (Ments 1983:15).

This relates to the interaction that occurs between the self and role as individuals or groups interact. Roles are ascribed to people in a variety of ways such as functions, region and information possessed (Goffman 1959:126). The function, region and information possessed is often complete in role. The role aspects are mainly contained in three levels which are the major basis for this research namely role creation, role taking and role playing.

1.1.1 Role creation

Throughout our life we are exposed to bombardment of sensations far greater in quantity than we can cope with (Ments 1983:17). The exposure that we get in life informs our role creation abilities. By playing around with these, one is able to create a role that is either real or fictional and this role informs the self. During the intervention one is bound to portray, identify or project with either themselves or other personalities.

1.1.2 Role taking

When people take on role they use a repertoire of appearances, attitudes and behaviours which are expected of that role. The role taking process is natural and continuous for anyone who is socializing within a community. Role taking is a serious matter and most of our social life consists of such activity. Failure to adapt to the right role at the right time can lead to a breakdown in communication (Ments 1983:18). It is a common observation that people dissimulate and pretend to be a different sort of person to what they really are. Role taking may infer a natural inclination towards a set of appearances, attitudes and behaviours and a deliberate following of guidelines in order to create a given impression.

1.1.3 Role playing

Role playing derives from everyday life activity where one is practising a set of behaviours considered appropriate to a particular role. This leads to experiencing of a challenge under an unfamiliar set of constraints so that one's own ideas may emerge and increase understanding (Ments 1983:18). A role player aims to feel, react, and behave as closely as possible to the way someone placed in that particular situation would do. A role player is concerned with the effects of his/her behaviour on other role players and will do whatever is necessary within the role to persuade and convince other players that their ideas and decisions are important.

1.2 Rationale

The relationship between facilitators and communities in applied drama and theatre is complex. Applied drama and theatre across Africa has mainly taken an approach where practitioners get into communities with a prepared play that will be performed for the community. A discussion of the issues presented will be done afterwards. Gunner argues against this practice by saying:

... planners from outside the community decide what is good for the community and impose projects without finding out from the beneficiaries what their needs are. More often than not such projects fail to realise their objectives because

people lack the motivation to participate in the projects of which they feel they are not part of (1994: 203).

This outside-in approach has tended to treat the community members as ignorant people waiting to be fed with already processed information. What made this approach even worse was that it overlooked role as a way to engage the spectators in a prepared performance. This research engages with role for the betterment of facilitator and community relationships in HIV/Aids interventions. With the use of role each member of the community is inclined to identify with their own worldview rather than being told about it by someone.

Gunner also points out that, ‘theatre practitioners have been accused of using a top-down approach and taking communities for granted’ (1994:203). This has made the facilitators and not spectators the focal point in the interventions and this usually results in little or no benefit for communities. This is however not to suggest that an outside in approach is useless; it has its own advantages and limitations. I sought to find ways in which an outside-in approach can be made more effective through the use of role as a central aspect. This prompted me to investigate the significance of role for facilitators and spectators in interventions. Gunner (1994:5) argues that, ‘theatre is a powerful tool that communities can have to take control of their lives’. The question however is to what extent are communities in control over the projects and what will they benefit? It is with this problem that this research interrogated the significance of role and how ITTC applied it in their HIV/Aids interventions. Much behaviour in interpersonal interactions is governed by assumptions of our own role, other people’s roles, and the way we perceive these roles. It is therefore natural to turn to role as a potent technique when conducting interventions pertaining to interpersonal behaviour like HIV/Aids education.

1.3 Research Questions

This research was informed by the following questions;

1. How does role operate in the structuring of HIV/ Aids interventions?
2. Does an understanding of role lead to better engagement for participants (facilitators and spectators) in an intervention?

3. How can role be made more effective in HIV/Aids interventions?

1.5 Conceptual Framework

Role theory was the critical lens for analysing the research findings. Nye (1976) points out that role theory is not one theory, rather it is a set of concepts and interrelated theories that are at the foundation of social science in general. Actions between persons are organised into roles and human conduct is the product of the interaction of the self and role. A role is a sequenced pattern of learned actions or deeds performed by a person in an interaction situation (Courtney 1974:227). By performing a particular action in applied drama and theatre participants undergo transformations and role becomes a source of epiphany (a moment of sudden understanding or revelation that occurs to an individual as a result of undergoing through an experience).

As participants engage in role they are bound to take multiple personalities that may require simple representation instead of complete identification and naturalistic portrayal. Instead of fully embodying a complete character as fully as possible one often merely illustrates or suggests a role. However at whatever level of elaboration, the role player's body is inevitably at the core of the theatre event. 'Actors undertaking a role become transparent inviting the spectators to look through them at the character or as in a mirror at themselves' (O'Neill 1995:69). Under this condition the actors cannot separate themselves from the spectators, since the level of participation and roles adopted becomes more fluid. Doubling occurs since one person is at liberty to get in and out of role. Transformation may occur as the participant shifts from one state to another, and this may have an effect on the role player as they experience behaviour and attitudes of the role thus informing the self.

Role involves personification of other forms of existence through the medium of play (O'Neill 1995:79). Applied drama and theatre provides the space to explore and expand into an unknown universe and as a result constantly surprise the individual into new awareness. Spontaneity and creativity becomes central to this process. Role playing within roles can be observed and this allows transformation to occur through

the interaction of the role and the self. In this case when a participant is presenting a certain role that role can also be playing yet another role.

When we role play we are transformed into something we are not, and then by multiplying the number of roles we undertake, we are transformed again.

Paradoxically the real purpose of our roles will be revealed by attempts to disguise or deny them (O'Neill 1995:91).

Role allows participants to create and maintain dramatic worlds (O'Neill 1995:69). These dramatic worlds create conducive environments for participants to interact in time and space seeking answers to their challenges. Participants engage with what is going on by holding two worlds together at the same time. The potency of dramatic activity lies in the metaxis. Of all the imaginative behaviours drama is the only one that articulates inventing, anticipating, recollecting, hypothesising, creating, musing and day dreaming or any other mode of imagining through the medium of concrete action. It is such kind of experience that can have an influence in HIV/Aids behaviour change. Landy asserts, that, 'it is not my intention to suggest that roles exist in isolation. Although they are conceptualised as such it is with the understanding that in reality, roles interact and intersect in complex ways' (1993:140). Role draws from our everyday lives and it uses imaginative impersonation as key to social learning. This becomes central to the acquiring of roles which encompasses identification, introjection and taking the role of the other. Using organic frames of reference in role is important as the participants will be in control of the situation and are bound to benefit from it, as they know better their challenges than anyone.

Courtney points out that, 'we impersonate and re-enact the roles by which we adjust to society. In role there is impersonation of what we observe and what is around us is likely to influence the roles we play' (1974:229). This shows that through role we are making a representation of our own world and this helps our level of engagement because we will be dealing with issues we identify with. HIV/Aids has become a daily issue and by using role a platform is created that allows people to talk about it. By confronting our own issues through role we are bound to find solutions beyond

applied drama and theatre projects. Boal (1985: 126) gives the spectators an environment where they should assume the role of protagonists. People must move from being spectators and take the role of *actor* in which they cease to be objects and become the subjects. When the spectators engage at this level they become active participants and not just mere subjects who are passive in a process. This creates excitement among participants and thus begins to break down those walls that separate the actor and spectator. The spectators are then able to engage in a reflexive mode that allows the drama to provide life lessons on HIV/Aids. Each participant becomes a *spect-actor*. Boal (1985) asserts that it is not the place of theatre to show the correct paths but only to offer the means by which all possible paths may be examined. This presents the participant with an array of options in addressing a challenge, and thus shifts the participant from being an object to become a subject, who is an active participant. Simultaneous dramaturgy allows participants to come up with an array of options to solve the problem. This is important as it will enable people to realise and occupy their position. Presentation of the various ideas through role is important rather than a solution. Boal goes on to say it is more important to achieve a good debate than a good solution because the thing which incites the *spect-actors* into entering a game is the discussion and not the solution, which may or may not be found (1992: 230). Aspects such as simultaneous dramaturgy, role playing and hot seating are some of the aspects that allows role to be central in the process.

People learn to understand who they are through role. People in any given cultural, historical or geographical space dramatise their lives.

People present themselves in everyday life much the same way as the actor presents a character in the theatre. Implicit in his thought is that human beings are nothing more than actors who play social roles in relation to others within their various communities. The community then becomes a stage upon which everyday actors perform their social dramas (Landy 1982:97).

By taking on role people understand themselves and by also taking the attitude of others they are able to understand others. This is important for social cohesion as they

will be trying to understand each other from their point of view. This is where drama becomes important to communities.

Freire (1993) points out that teacher-student relationship must be looked at carefully in order for the students to benefit. He believes education suffers from narrative sickness at whatever level inside or outside school.

Narration (with the teacher as narrator) leads the students to memorise mechanically the narrated content. Worse yet, it turns them into ‘containers’, into ‘receptacles’ to be filled by the teacher (Freire 1993: 53).

This makes education a concept which he calls ‘banking’ and serves the interests of the oppressor and not beneficial to the oppressed. This leaves participants with lack of creativity, transformation and knowledge. The more students work on storing the deposits entrusted upon them the less they develop the critical consciousness which would result from their intervention into the world as transformers of that world.

Learning should be student centred in order for them to benefit from it. Those who use the banking concept knowingly and unknowingly fail to realise that they are dehumanizing instead of humanizing societies. Experiential learning seeks change through the process of action and reflection. From this experience new meanings emerge that engage the whole personality and are therefore the beginnings of a shift of belief and attitude. By directly engaging themselves in role participants in the HIV/Aids interventions own the learning process rather than having the facilitators operating like a teacher banking information. When this happens inquiry rather than knowledge becomes the focal point and this empowers participants through exploration of personal histories through role.

The centrality of role theory lies in the importance attached to experiential learning which leads to transformation by actively engaging the participants. How participants engage in the action, how they create, take and play roles and how this can be a form of transformation is vital.

1.6 Literature Review

Not much has been written on role in applied drama and theatre on HIV/Aids so this research drew mainly from applied drama and theatre projects that had been conducted over the years. Kidd (1991) admits that theatre has been used since then to reflect on communities in a way that would challenge them to take action upon their problems. Community or participatory development theatre was seen as a spark or springboard for community interaction. Developmental theatre was devised and tours were made around the country organizing discussions encouraging communities to take action on their problems. Kerr (1991), Kidd (1984), Mda (1994), Banham (1999) say this experiment inspired similar work in Cameroon, Ghana, Lesotho, Malawi, Nigeria, Sierra Leone, Swaziland, Tanzania, Zambia and Zimbabwe. These projects however used an approach that did not utilize role as the central aspect in theatre.

In the initial stages of applied drama and theatre participants were in most cases isolated in planning, preparation and implementation of projects and the facilitators were the main drivers. The facilitators were solely responsible for role application portraying them in a way they thought the community's problems were like. Projects like *Laedza Batanani* in Botswana, *Kamiriithu* in Kenya, Amakhosi's *Theatre for Community Action* (TCA) in Zimbabwe, *Marotholi Travelling theatre projects* in Lesotho and *DramAide* projects in South Africa did the same thing. For instance *Laedza Batanani* project in Botswana involved the communities by having tours around the country and presenting plays then organising discussions around the community's challenges encouraging participants to take action. Although this project has been regarded as a major success in some sectors, it failed to recognise the centrality of role as a potent aspect in applied drama and theatre work. Thus according to Kidd (in Kerr 1991: 60) '*Laedza Batanani* did nothing, it failed to reinforce or strengthen community organisations because it fell into the same old trap'.

Such projects overlooked the fact that communities are heterogeneous and that there are a number of different worldviews that would only be presented by the community members and not necessarily for them by an outsider. This resulted in treating the community as homogeneous and allowing certain few voices to dominate the projects,

while others were suppressed. Kidd (in Kerr 1991:61) affirms that influential people in a community dominated discussions in these projects and diversified views of the community were not heard. This did not encompass the importance of role as an interactive tool for everyone involved in the interventions thus merely turning them to a passive audience and ‘out-of-experience commentators’ not involved with role.

Another form of intervention method devised in West Africa developed considering the power dynamics that existed in the society. A form of intervention where the influential people were prevented from dominating the community projects was devised in Nigeria and Kenya (Kerr 1991: 61). Projects like *Wasan Manoma* and *Wasan Maska* in Nigeria, and *Kamiriithu* in Kenya created an environment where the influential people did not dominate. This environment only created space for more voices but still at the same level of an ‘out-of-experience commentators’. The participants’ level of involvement adversely affected their positions and influence in the intervention. This is because they were involved in the discussion sessions after being isolated in the planning, preparation and presentation of the drama. Kidd (in Kerr 1991:60) points out that when people are left out of the action and dialogue in the play and it’s difficult to ‘turn them on’ like a tap when it’s all over. The participants did not have enough room to realise the importance of these projects since most of the time they were passive spectators. If they were involved with role as an interactive tool there is a possibility that participants would have been able to experience transformation through the interaction of the self and the role. In this way the role would have been able to inform the self leading to transformation. Unfortunately, this wasn’t the case in these interventions.

Chinyowa (2006) points out that theatre aesthetics such as freedom, paradox, make believe, improvisations, space and flow are central to development communication. He goes on to say that during his fieldwork on Theatre for Development practice in Zimbabwe he observed a number of aesthetic frames that were being employed in communicating development. Chinyowa only highlights theatre aesthetics as important to development communication. In his analysis he does not consider the importance of

role in applied drama and theatre. He also points out that in applied drama and theatre aesthetics can be used to tackle sensitive issues without breaking or compromising the structures of the community. However it is not merely the aesthetics that provides such an environment but the presence of role in an interactive mode using those aesthetics that will go a long way in having an interactive experience that benefits the spectators.

Pottie (1995) acknowledges that theatre can be used to circumvent attitudes towards HIV/Aids. The approach he supports is researching about the community's various challenges on HIV/Aids. Pottie pointed out that he uses the information to create a play and in the process people explore their attitudes about HIV/Aids. Pottie also asserts the importance of the community research that they do before presenting a play to the community.

We don't just perform a play. We help them find out who is in the community, what is their attitude to life, what they think about themselves, about HIV. We try to find out who makes up the community and what information they have? (1995: 27).

Exploring the community is important in that it gives room for the development of a play that applies to the community. However researching on the community may not be enough, there is a need to involve the community in role processes that will enable them to be active participants (*spect-actors*). Pottie's approach gives the community limited room for experiential learning, since they are not involved in role interaction. Performing would give the community an opportunity to have an encounter with roles that are informed by their life experiences. Pottie's approach again limits role experience to the facilitators. This raises concerns on whether the community will benefit from such projects.

Kerr (1991) expressed doubts whether drama forms might not sometimes be abetting the same process of dependency syndrome noted by Kwame Nkrumah (1991). He points out that, applied drama and theatre in Africa has encountered challenges of less active participation of communities. This is because there has been no utilization of

role in these projects. Focusing on role technique would enable active interaction with the community members. The community members are usually left out of the process only to be involved at discussion time. Kerr further argues that applied drama and theatre must be designed in a way that the community will benefit. He says:

It is not enough to express problems (through theatre) if this is not linked with critical analysis of and action on the underlying causes and structures, it is not enough to rehearse struggle if this struggle does not lead to the struggle (1991:62).

When role is included the community members can benefit from these projects since they have an opportunity to experience and actively participate at all the levels of the project through role rather than being involved in discussions after the presentation of the play.

Mavrocordatos (1998) says that ownership of knowledge and action by a community must underpin any project undertaken in partnership with them. He shares the same sentiments with Kerr (1991) that a community must be at the centre of projects if they are to benefit. Mavrocordatos (1998) asserts that the whole concept of community theatre is not complete if there is no corresponding effort at organizing the people around the issues that affect their lives, thereby developing communal action tailored to their deeds. He states that in history applied drama and theatre was perceived as a tool for the fieldworker that would involve simple dramatic presentation to the community about their challenges by an outsider. The problem with this is that it left out the community at the periphery of the projects since they were treated as blank slates. Banham (1999) explains that development is something that evolves through collective action and reflection of all members of the society. The future of development projects lie in the broadening of cultural activity through collaboration between the various cultural media and development. 'Success of projects lies in the contact and communication between practitioner and communities before, during and after interventions' (Banham 1999: 89). The idea behind this is to encourage dialogue and community participation in development whereby interaction in theatre through role becomes symbolic and catalytic to community participation in development. Role

allows active involvement in the intervention and in that way benefits the participants. This research focused on the significance of role in the interventions paving the way for community participation.

1.7 Research Methodology

In order to understand the significance of role in HIV/Aids interventions I had to be involved in the field with the actor-educators and spectators. For this reason I chose to use ‘ethnography of performance’ as my primary research methodology. McNeill defines ethnography as writing about a way of life – description about the way of life of a group of people by the researcher (1985: 54). Chinyowa (2006) goes on to say that, ethnography of performance is a process based and participatory method that allows researchers to engage with informants in a collaborative process of exploring, reflecting and analyzing the situation as facilitators or catalysts instead of experts. By getting into the field I was able to interactively gather the information on how roles operated in the ITTC interventions. This helped me in achieving the goal of ethnography which is ‘to tell it as it is’ (McNeill 1985:55). Getting involved with my research subjects over a period of time allowed me to understand ITTC’s role structuring process. Ackroyd avers that ‘common tools of ethnography include participant observation, interviews, and videoing among many research methods into the context of study’ (2006:173). In order for me to have a better understanding of role functioning in the interventions I had to be a participant observer.

Ackroyd points out that, ‘primarily ethnography is steeped in participant observation as a key tool that will be used to document an in depth study of a group of people through the textual or visual image’ (2006:173). The strength of observation and interaction over long periods of time is that researchers can discover discrepancies between what participants say and often believe should happen (the formal system) and what actually does happen. Participant observation is the most central method for ethnographers although it is combined with other methods especially unstructured interviews. Participant observation is a research strategy that aims to gain a close familiarity with a given group of individuals (such as a religious, occupational, or sub-

cultural group, or a particular community) and their practices through an intensive involvement with people in their natural environment.

As a participant observer I had a close relationship with both the actor-educators and spectators and this enabled me to observe the role structuring and application process. By participating in the activities I was able to have a personal experience of how role operated in ITTC's HIV/Aids interventions. Working in the field with the actor-educators and spectators helped me maintain a position where I was not threatening to participants and this allowed me space to gather data without participants being too conscious of my presence. At times when a researcher is present in a group this creates unsettlement in the group that's why I decided to be actively participating so that I would not be merely observing from the periphery. By involving myself I discovered how aspects of role fell into play in the interventions rather than bringing my own assumptions. As a participant observer I relied on what I experienced in the field and observations on the participants, this helped me not to impose presumptions on how the role operated in the interventions. Sanghera (2000) asserts that participant observation makes no firm assumptions about what is important. This method encourages researchers to *immerse* themselves in the day-to-day activities of the people whom they are attempting to understand.

I also gathered data using a log book. I kept a log book to record information on activities in the interventions. The log book contained details of the performance-workshops which I used in the analysis of role application by ITTC. The main challenge however with a log book was that since I was a participant observer I was not able to record the events as the intervention progressed. At times I would write in the log book after the intervention. This was challenging in that there were chances that I would omit some aspects of what would have transpired. I had intended to use a camera to record the interventions but I was not allowed by my informants due to copyright issues. This was challenging in compiling my report because I had no videos that I would playback for purposes of performance analysis. This resulted in committing more time to attend many workshop-performances in order to be more familiar with them.

I also used secondary sources of information for this research in order to understand the way other projects have been done by ITTC. The main focus was on how role was operating in engaging the actor-educators and spectators. I also managed to get hold of the reports and reviews that were done on the previous ITTC projects. This informed my research in trying to understand the process that was implemented by the ITTC and how they might have used role in the projects. ITTC uses evaluation forms at the end of each intervention, so I also read these in order to know the spectators' feedback and response to interventions. This gave me access to primary evidence of what the community felt about the ITTC interventions.

The ethnography of performance formed my primary research methodology. This required my involvement mainly as a participant observer allowing direct observation, participation with the group, collective discussions, and self-analysis in order for me to understand the significance of role in the HIV/Aids intervention by ITTC.

The next chapter focuses on the background of the ITTC. The chapter explores the formation of ITTC and highlights the aims and objectives of the organization and their relationship to role technique.

Chapter Two

Background of Interactive Themba Theatre Company (ITTC)

2.0 Introduction

The Interactive Themba Theatre Company (ITTC) falls under Themba HIV/Aids organisation which is a Johannesburg based non-governmental organisation involved in the use of applied drama and theatre in addressing the scourge of HIV/Aids among the youth and adults in South Africa. The organisation was launched in February 2002 in Sophiatown. After five years it had reached out to more than 50 000 South Africans, educating them about the HIV/Aids pandemic through interactive theatre. Themba HIV/Aids organisation trains its own actors and facilitators from disadvantaged backgrounds, constantly creating jobs for the youth. It started as a project for school drop-outs in Alexandra Park and Soweto based at the Trevor Huddleston Memorial Centre in Sophiatown, but has since grown to become a full time organisation with members drawn from various suburbs around Johannesburg. Themba HIV/Aids organisation was the winner of the Mail and Guardian Most Innovative Award in 2007, having been runners up in 2006.

This chapter explores the background and history of Themba HIV/Aids Organisation. The background will highlight how it has incorporated the use of role technique in their interactive HIV/Aids interventions.

2.1 Formation of Themba HIV/Aids organisation

Themba HIV/Aids organisation started as a project aimed at addressing the HIV/Aids pandemic in two suburbs of Alexandra Park and Soweto in Johannesburg. Residents of these two suburbs have a history of being disadvantaged during the apartheid era, and this is one of the reasons why the project targeted these areas. The project was originally set up in response to an invitation from Archbishop Thabo Makgoba, the then Director of the Trevor Huddleston Memorial Centre in Sophiatown, to deliver

HIV/Aids education and awareness to young people using interactive theatre and participatory training workshops. Archbishop Thabo Makgoba invited Kim Hope to devise and run the initial project that was based at the Trevor Huddleston Memorial Centre in Sophiatown. Hope has extensive experience as a drama and theatre teacher, facilitating participatory training workshops, as well as fundraising, organisational development, public relations, and journalism. She was Head of Drama at the Weald Comprehensive School, West Sussex from 1981 to 1990, and worked as a senior fundraiser for a well-known national children's charity in the United Kingdom (UK) from 1990 to 1994. She has run her own theatre company and has many years of experience as a theatre director and practitioner. She is currently the Director of the Themba HIV/Aids organization Trust UK.

Hope then partnered with Theresa Lynne to devise and run the initial project. Lynne is an experienced academic and theatre practitioner who has been involved in a number of institutions and organizations in the UK, Europe and South Africa. She is a registered Dramatherapist and has been a freelance trainer, facilitator, consultant and supervisor. When they partnered they intended to recruit young people from Soweto and Alexandra Park to be part of the project. However in the initial group there were some members from other suburbs and not necessarily Soweto and Alexandra Park who were recruited. The recruits were trained as actors, facilitators and peer educators on HIV/Aids. What was central to their training was the use of applied drama and theatre techniques in HIV/Aids education. Themba HIV/Aids Organisation's annual report for 2005 points out that:

The first year, 2002, was one of experimentation. We devised with the actor-educators a unique interactive theatre methodology that uses a range of interactive theatre techniques including Forum Theatre, dramatherapy, psychodrama, theatre games, improvisation, formal teaching methods, play devising, play directing and performance (2005: 2)

The actor-educators were supposed to go back to Soweto and Alexandra townships to devise a project that will ensure information dissemination on HIV/Aids using these

various techniques. Since some members of the group were from other townships this meant that the project had to cater for the other townships and not just Soweto and Alexandra Park. The idea was that if the young people from those townships would go and teach about HIV/Aids to their peers they would make a better impact than having external people coming in to teach them. This was done to promote peer education. At the centre of the approach was the use of various drama and theatre techniques to make the interventions interactive. It can be noted that Themba HIV/Aids organisation adopted the use of role as their central aspect in trying to engage their audience through an interactive method from the start.

The shift from a project into an organisation occurred in August 2004 when it was registered as a non-profit making organisation, with its own registration number and bank account. It changed its name from Themba HIV/Aids Project to Themba HIV/Aids Organisation. According to their 2005 annual report this was done ‘in order to provide an umbrella organisation within which different activities would take place, namely the Interactive Themba Theatre Company (ITTC) and the Themba Training Initiatives (TTI)’ (2005: 5). Currently Themba HIV/Aids organisation is housed at 58 Jorissen Street, Braamfontein in Johannesburg. It has a large training/rehearsal room and offices. Its programmes cater for the youths and adults and it is no longer an organisation for the youth as it was in the beginning.

The shift from a project to an organisation was as a result of a number of reasons. The use of role as a central aspect in ITTC’s work contributed to its success and thus shifted from a project to become an organisation. The interactive approach that ITTC adopted enabled the participants to identify themselves in the interventions and this became a popular approach. This was also a new approach to HIV/Aids teaching among the youth in these suburbs. The process was interesting in that it invited the participants to take part in the process not only as passive spectators but active participants (*spect-actors*) who could take up roles in the play. This was different from the mass marketing and the direct messages people had been exposed to for a long time. In the early days of the HIV/Aids campaign there was mass marketing and

information dissemination which was thrown at people through radio, television and print media without giving them a proper space to reflect. ITTC's approach provided the space where the audience would engage with the subject matter and also allow room for reflection. Apart from the use of role, the prevalence of HIV/Aids in South Africa made this project turn into an established organisation. It was ideal to continue with this work in order to influence behaviour change. The project had only made limited impact and it was going to have more impact if it continued running.

2.2 Interventions

Themba HIV/Aids organisation is involved in interventions related to HIV/Aids education. It provides participatory workshop-performances and training for community based organisations, schools and correctional centres in South Africa. The workshop-performances are aimed at addressing HIV/Aids related issues affecting the communities using role as the central aspect. The training is meant for the practitioners who will then be able to work with communities in HIV/Aids education. The performances at times serve as a stimulant to the follow up training they do. Themba HIV/Aids organisation is also a training organization for its performers, actors and educators. Although the organisation has managed to offer training and workshop-performances in other provinces in South Africa it has mainly catered for the Gauteng province as their primary target.

2.2.1 Training

The training focuses on HIV/Aids education and is conducted by the Themba Training Initiative (TTI) wing. The training usually lasts two weeks working for eight hours a day. In the training they educate participants on various issues around HIV/Aids and the use of the interactive arts as an alternative way to dialogue on HIV/Aids. At the end of the training workshops participants present an artistic performance on any lessons that they would have learnt and how they can use the arts as a way to disseminate the information. These presentations will be in the form of poems, songs, dance or plays among many artistic presentations. These presentations are evaluated by the TTI trainers and feedback is given to participants. After the workshops the

participants will then go back to educate their communities on HIV/Aids using the arts. These will be constantly supervised by the TTI trainer-educators for a period of six months.

2.2.2 Workshop-Performances

The workshop-performances involve performing a short play for the participants and then engaging in dialogue on HIV/Aids around the short play relating it to their daily lives. These are conducted by the Interactive Themba Theatre Company (ITTC) wing. The participants in the workshop-performance get the opportunity not only to be involved in the dialogue but also take action in the short play through simultaneous dramaturgy, hot seating and role playing. The workshop-performance takes about one hour thirty minutes. ITTC prepares and performs a play that will be relevant to the participants. They have devised these plays around gender, sexuality, age, and cultural norms among many topics relating to HIV/Aids.

Although it may look as if there are two separate wings within the Themba HIV/Aids organisation with separate staff, the organisation has managed to train most of its staff to easily fit into either training or workshop-performance. This means that they are able to perform their duties either in training under the TTI or perform in workshop-performances under ITTC.

2.3 Aims and Objectives

Although there has been changes and modifications to Themba HIV/Aids organisation's mission statement, aim and objectives since its shift from a project to an organisation, the essence has remained the same. The overall mission is still the same.

2.3.1 Aim

To develop proven interventions which reduce HIV transmission among young people in South Africa, using internationally recognized interactive and experiential methodologies, applying them in a South African context through locally trained people (Themba HIV/Aids Organisation Annual report 2005:1).

2.3.2 Objectives

- i. enable open and informed debate between young people and their parents, teachers and community leaders about sex, HIV and cultural norms which pressurise young people into risky behaviours
- ii. prevent new infections by equipping people with skills to understand their life choices, and to set up a process of safe dialogue and peer support among youth and parents
- iii. encourage Voluntary Counselling and Testing (VCT)
- iv. enable the breakdown of stigma towards people affected by HIV and promote understanding and develop confidence among individuals and communities
- v. evaluate models and methodologies which promote transformation of risky behaviour and attitudes, leading to development of a national model for health education and behaviour change
- vi. create opportunities for gaining new skills and work experience for young people, with accredited certification
- vii. invest in local people to develop methods for responding to HIV which ensures sustainable activities, including training manuals developed in local languages and a 'train the trainers' approach to skills transfer (Themba HIV/Aids Organisation Annual report 2005:1).

2.4 Staff

Themba HIV/Aids organisation has full time and part time workers. It comprises a Board of Directors and Management responsible for the day to day running of the organisation. There are 16 performers, actors and educators; among these are full timers and part timers. When a need arises for a training or workshop-performance the full time workers will also go out to perform the task required since they are all round artists trained as performers and trainers. Full time staff members are responsible for administration duties whenever they are not involved in training, rehearsing or performing. The duties include monitoring and evaluation, scheduling of workshop-

performances and training, and research. Full time workers come to work from Monday to Friday while part time staffs only come three times a week.

The Themba HIV/Aids organisation performers are not professional actors; the organisation recruits and trains them as performers, actors and educators around life skills on HIV/Aids. They become actor-educators who can take the HIV prevention message to people in schools, prisons and companies. The selection process results in the best candidates being trained in innovative and creative methodologies. Most of the actor-educators come to the organisation straight after matriculating without having gone to drama schools. The internal training programme has been designed to give the actor-educators opportunities to learn about HIV/Aids and related issues, performance skills, and general personal life skills. They apply what they have learnt at ITTC to situations in their own lives, and have been able to provide much needed support to family members and friends.

The performers are trained in movement, voice work, characterization, Stanislavsky's psycho-technique, communication skills, listening skills and how to give and receive feedback. This practical training is mostly centred on role techniques that the performers will use to interact with participants. The training is mainly around HIV/Aids, sexuality, gender, social responsibilities and sexually transmitted infections (STI). These aspects are also used in the training of people outside Themba HIV/Aids organisation. The purpose is to give them enough information about HIV/Aids so that they can educate others by giving out the correct information. All the work done by Themba HIV/Aids organisation in both performances and training workshops is based on internationally recognised behaviour change methods. The organisation uses the Abstinence, Be-faithful and Condomise (ABC) approach in their interventions which has been the basis for most HIV/Aids work around the world. However there are shifts that are emerging such as the one observed at the recent Mexico HIV/Aids conference held in August 2008 which now advocates for Delayed sexual encounter, Reduced partners and Condomise (DRC). Themba HIV/Aids organisation is yet to bring in the DRC approach in their interventions.

2.5 Target Group

Themba HIV/Aids organisation's overall goal is to promote dialogue and influence behaviour change among youth and adults to prevent the spread of HIV/Aids in South Africa. Using interactive live drama workshop-performances, the organisation aims to provide South Africans with knowledge and skills to help them delay their first sexual encounter, engage in safer sex or abstain altogether.

Their primary target group is from the age of eleven to thirty. Their secondary target is ages thirty one and above. The age below eleven is a challenging age group so Themba HIV/Aids organisation decided not to involve them anymore. Dealing with this group required the services of counselors of which the organisation does not have on their staff. The ITTC's Theatre, Acting and Performances Manager said:

The children get emotional, some of the children cry. Someone will say... 'Ooh my mother died because of HIV/Aids...' So it was a difficult thing to handle so we thought that a much older age group will do (Interview with Bongani Sihlangu, 20 August 2008).

Although the primary target age groups are between eleven and thirty most of the workshop-performances for ITTC have been in schools. This has meant that the organisation worked mostly with ages in the range of eleven and eighteen. It currently has a running program that allows for conduction of free workshop-performances in schools around Johannesburg. This program runs from January to December every year. During the time of my research I have been to a number of schools around Johannesburg and have been to a few workshop-performances that have been done with community based organisations, churches and correctional services.

2.6 Conclusion

Since its inception Themba HIV/Aids organisation has become popular group and has managed to make progress in their operations. Role technique informs their training and workshop-performance and it is the effectiveness of this approach that needs to be examined. Although Themba HIV/Aids organisation has been relying on donor funding since 2002, it has managed to form a trust organisation in the UK, with the

help of one of the co-founders, Kim Hope. The trust is now responsible for raising funds for the organisation to add on to the donor funding they receive. This is intended to enable the organisation's sustainability instead of just relying on donor funding. The approaches they use are an important aspect to the sustainability of the organisation apart from the funding.

The next chapter will focus on how Themba HIV/Aids organisation through its Interactive Themba Theatre Company (ITTC) has been handling role in their workshop-performances. The analysis will be on the Interactive Themba Theatre Process (ITTP) as a methodology. The analysis will be on finding out the methodological framework for ITTC interventions and its relation to the use of role in HIV/Aids education.

Chapter Three

Interactive Themba Theatre Company (ITTC) Methodology

3.0 Introduction

Since its inception, the Interactive Themba Theatre Company (ITTC) has applied a participatory approach called the Interactive Themba Theatre Process (ITTP) as central to their workshop-performances. The use of the interactive approach has become the yard stick for ITTC's work. The Themba HIV/Aids Organisation's annual report for 2005 points out that, 'two unique features of the methodology are the specific style of facilitated interaction with the audience, and the use of short 'cameo' scenes that demonstrate a variety of possible responses to situations involving sexual encounters and to stigma and discrimination' (2005: 5). This chapter interrogates the ITTP examining how ITTC has managed to make use of role technique as a significant element in applied drama and theatre for HIV/Aids education.

3.1 Analysis of ITTC Methodology

The handling of role, as the central aspect to all theatre, determines the effectiveness of applied drama and theatre process. The ITTP will be analyzed according to the level of audience involvement in the intervention. ITTP involves interactive live drama informed by theatre techniques derived from Forum Theatre, Process Drama and Drama in Education, which thrive on role technique.

The ITTP is a one off event in schools, communities, prisons or corporate organisations which see the presentation of a prepared short play that will form the basis for the workshop-performance. The short play is presented in a way that enables interaction between the actor-educators and the spectators inviting them to come in during the process at various levels of involvement. According to the Themba HIV/Aids organisation's 2005 annual report, 'the first year, 2002, was one of experimentation. We devised with the actor-educators, a unique interactive theatre methodology that uses a range of interactive theatre techniques' (2005: 5). In the one

off interactive workshop-performance there are certain steps that can be observed in terms of audience involvement as follows:

3.1.1 Play Presentation

This involves the performance of a short play for the spectators. The spectators are asked to watch closely because the play will be the basis of their involvement at a later stage. This play is devised by the actor-educators in the rehearsal stage and it is drawn mainly from their personal life experiences on HIV/Aids. The themes for the play are around HIV/Aids highlighting various issues affecting the youth and adults in South Africa. ITTC plays are based on investigations done on issues affecting the youths and adults in South Africa.

The role concept points out the presence of three levels namely role creation, role taking and role playing. In the first two levels, spectators are not involved in the process. Instead of involving the spectators as part of the whole process from the beginning, the spectators are just invited to watch a prepared play. Role theory highlights the involvement of participants right from the beginning in order for the process to be beneficial to them. Bolton asserts that, ‘by coming together, the participants create worlds of existence where they will be able to explore their live experiences or even fictional worlds by creating, taking and playing certain roles’ (1979: 141). This is one element that ITTP has overlooked. The plays are created in a way they think can convince their spectators in the interventions. This approach raises a lot of questions on how the performance will be able to raise relevant issues on HIV/Aids among the spectators bearing in mind societal diversity. This often leads to the presentation of stereotypical roles that tend to generalise the issues instead of being spectator oriented. The use of role and its interactiveness with spectators as asserted by Landy (1993: 167) will lead to identification, and this can only occur if there is presentation of role that spectators can identify with.

Although ITTC borrows some of its techniques from Boal’s Forum Theatre the process is quite different from the way Forum Theatre is conducted. Boal explains that, ‘Forum

Theatre involves the participants coming up with their stories containing a political or social problem or difficult solution' (1995: 139). These stories will be enacted by the spectators themselves in an anti-model play portraying the problem. Boal (1992: 230) emphasizes however that it is not the solution that is important but rather the process that the spectators go through to find a solution that is vital. This is the same sentiment that Rogers (1969) points out on experiential learning. He says:

The only man who is educated is the man who has learned how to learn, the man who has learned how to change, the man who has realised that no knowledge is secure, and that only the process of seeking knowledge gives basis for security (1969: 104).

In the ITTP spectators are only invited to take part in a prepared play that will be shown to them in short scenes. The short play portrays the HIV/Aids issues presented by the actor-educators in a way that they think is a problem for the spectators. This is problematic because at the end of the day ITTC ends up with a 'one-size-fits-all' performance instead of engaging with the demands of the particular spectators.

ITTC claims to have a range of plays which cover aspects of communication, relationships, traditional norms and myths, stigma and discrimination, sexual behaviour, ignorance and attitudes towards HIV/Aids. However from my first encounter with the organisation in early 2008, I have only managed to see two different plays performed over and over again for quite diverse audiences. There is one performance for the youth and one performance for the adults. This raises questions around the importance of the plays to the spectators. What has been one of the challenges for ITTC is the preparation of a 'one-size-fits-all' package. This is quite problematic because the plays tend to generalise the HIV/Aids issues rather than specifically cater for the needs of the spectators involved in the workshop-performance.

This has been the main challenge that applied drama and theatre has faced because the participants can not find their own voice in the process. ITTP tends to reproduce these two plays over and over in the workshop-performance. At one intervention that was

carried out at an 'all coloured' school, ITTC actor-educators could not adjust to the situation as they performed the play, *Class of 2008*. The play is devised in such a way that there is code switching of vernacular languages and English. At this particular school they performed it using code switching with vernacular languages instead of adjusting and performing in a language that the spectators understand well. In that case the important aspects and messages in the play were missed by the spectators. Instead of enhancing role for better communication with the spectators, language ended up becoming a barrier. This also portrays ITTC's lack of proper research and preparation for the target community. Despite some of these limitations, presenting a prepared play to spectators is still valid as long as it is capturing what the audience can identify with. O'Neill says, 'actors undertaking a role become transparent, inviting the spectators to look through them at the character or, as in a mirror at themselves' (1995: 69). By presenting the play the actor-educators are using role as an integral part of their process and it is through role that the spectators can identify with the themes in the play. According to Ments (1983:17) the audience watching a play quickly identifies the heroes and villains and also want to know the positions of each character. It is through identification that role is able to 'speak' to the audience. In the ITTC plays there is always a protagonist and antagonist and this captures spectator involvement as they are bound to take sides with role.

The actor-educators are also able to use role to speak to themselves. By getting involved in the experience of playing that particular role, one is bound to be affected by that role. The problem with this, however, is that the interaction of the self and the role will be more beneficial to the ITTC actor-educators rather than the spectators for whom the intervention is intended. Taking part from the outside tends to distance the experience and the effect is limited compared to the actor-educators who are in the performance. However, through role participants create and maintain dramatic worlds (O'Neill 1995:69) that can reflect onto the spectators. These dramatic worlds create conducive environments for spectators to interact in time and space to find out answers to their challenges. Although the spectators at this level will not be playing a role in the play, the mere fact that a play has been presented before them allows them to be

involved at a certain level. Since role draws from our everyday lives and uses imaginative impersonation as key to social learning, this becomes central to the process of identification and introjection. Spectators engage with what is going on in the play by holding on to two worlds at the same time. It is this role doubling that will trigger their involvement and be able to interrogate a sensitive issue such as HIV/Aids. Wilshire (in Jones 1996: 100) says, 'the constant attraction that theatre has is that we see ourselves writ large'. He considers this to be the fundamental of seeing and understanding ourselves: 'to come to see oneself is to effect change in one in the very act of seeing' (ibid).

3.1.2 Questioning

This phase involves asking the spectators to get involved in the intervention by responding to questions that the facilitators will be asking. The basic questioning is meant to find out what the spectators would have picked up from the play. Their responses are important as they will determine the process and also involve them in interrogating HIV/Aids issues. Any issues that the spectators would have not raised are highlighted by the facilitators through asking questions related to them to ensure that all the issues in the play are tackled.

The use of questions is the first level of involvement for the spectators where they respond from their seated position as spectators. This technique has been a popular approach in theatre for development, where plays were presented to a community and discussions would follow. Gunner (1994:203) points out that after presenting a play questions would be asked and a discussion follows on the subject matter presented. This approach led to limiting the spectators to be active participants only in discussions. The role that the spectators took did not allow them to fully participate in the workshop since most of the time they were mere passive spectators and not involved in the process of role creation, role taking and role playing.

O'Neill and Lambert argue that skilful questioning is likely to be the most powerful tool of the drama (1982:141). The use of questioning in the ITTP is vital in inviting the

spectators to be involved with role. Although they will be contributing from their seated positions, the fact that they are reacting to the workshop-performance through answering questions gives them an encounter with role in the intervention. O'Neill and Lambert assert that:

At the beginning of the lesson questions can be used to establish the context of the drama; during the lesson to involve the participants and to deepen and focus their thinking; after the lesson, to reflect upon and evaluate the experience (1982:141).

In order to establish the details of play, a series of questions are used to evoke the spectators to feed into the skeleton of the play. It is through the asking of these questions and the responses given that the spectators are able to explore the dramatic presentation. By responding to questions the spectators will take positions of association or disassociation with the particular roles in the play. In fact they see themselves in the play and their responses will be based on how they would have reacted in such a situation.

The use of question allows the constant negotiation that is central in an interactive process in order to go through the experience of learning. However the challenge here for the ITTP is that it is only the facilitators who are constantly asking the spectators questions which require answers. This step in the ITTP relegates the spectators to mere external commentators who are observing the situation from outside. It would be a different scenario if someone is actively involved in the play itself. This scenario has also its weakness in that it presents the ITTC facilitators as the powerful characters in the process asking the spectators questions which need answers. Freire highlights that, 'the teacher-student relationship must be carefully looked at in order for the students to benefit' (1993: 52). The ITTC facilitator at this level may be observed by the spectators as teachers and this actually limits their participation in the process. This is even made worse by the fact that ITTC mainly conducts its workshop-performances in schools. This reminds the students, who will be spectators in the process, of their usual teacher-student relationships. Some teachers who will be present in the process force the students to give answers to the facilitators. This results in pseudo-participation by

the spectators who in such a case are students. Instead of engaging in the process genuinely identifying and associating or disassociating with roles in the play, they end up pretending in order to please their teachers.

Questioning depends on how the facilitator does it to engage the spectators. Heathcote used questions extensively so as to engage the students in process drama. ‘She tries not to take the role with the highest rank – she wants ample power, but not the power to make final decisions’ (1979: 129). Even in the asking of questions the ITTC facilitators need to assume a position that allows the spectators space for experiential learning, especially school children. Freire asserts that, ‘learning should be student centred in order for them to benefit’ (1993: 54). In this case the spectators need to assume more control of the process through their contributions and responding to questions. In my observation the ITTC facilitators assume too much power that can shut the spectators’ involvement in the process. This hinders the level of spectator involvement and ownership of the process. The ITTC facilitators need to assume a facilitative role that will allow the spectators to be more involved in the process. It is then that spectators in the interventions own the learning process rather than having the facilitators operating like a teacher banking information. When this happens inquiry rather than knowledge becomes the focal point and this empowers spectators to explore the issues presented in the play.

3.1.3 Hot Seating

This involves the spectators getting a chance to interact with the characters who were in the play by asking them questions. The actors are placed on a ‘hot seat’ in order for the spectators to have a better understanding of the role quality, region, information possessed, attitudes, status and motivations. This technique is borrowed from Boal’s theatre of the oppressed which usually hot seats the antagonist (1995: 123). The ITTP is slightly different as hot seating is done for most of the actors whether protagonist or antagonist. This is vital since the ITTC play just presents the problem and the spectators then get an opportunity to interrogate the circumstances surrounding the problem by asking the characters some questions.

This stage gives the spectators more influential position in the process. It is through asking questions and getting answers from characters that spectators either associate or disassociate with the role. In the ITTP actors are hot seated in character and this often brings a lot of challenging answers to the spectators. Although the spectators do not actually shape the characters through asking the questions they develop a better understanding of the role. Hot seating allows the spectators to play a part in the process as they are able to 'sit' with the characters and have a conversation. By doing this the spectators would be active participants in the process. The spectators will ask their question from the points of association or disassociation with the role.

In the process the spectators develop a relationship with the characters in the play. Some will admire, while others will hate the antagonist, some will feel pity for the protagonist. By taking this position the spectators are taking a more influential position in the play. If they would have been in the play that is how they were going to relate to the characters. Landy points out that, 'in order for me to understand you, and you to understand me we have to be in each other's shoes' (1982: 102). Through asking questions the spectators will be trying to understand the protagonist or antagonist, to be in the shoes of the other, so that they can understand the other. Also the spectators through their questions will be trying to invoke the protagonist or antagonist to take a look at themselves in relation to the action and position they would have taken in the play. For the spectators this will give them an opportunity to really understand the roles in the play. Landy goes on to say that by doing that, 'you are trying to understand me from my point of view and I am trying to understand you from your point of view' (ibid). This gives the spectators an opportunity to understand the characters from their own perspectives rather than the spectators'. The only difference is that in the ITTP the characters do not also ask the spectators questions. It could have been an interesting scenario if the ITTP went beyond hot seating allowing spectators and characters to throw questions at each other. This would challenge the spectators' position in relating to the roles. The problem with the ITTP is that it tends to be idealistic rather than really interrogate the issues. They tend to be worried about getting the good responses in a problem situation, and this maybe a different scenario with reality in the world when it

comes to HIV/Aids. Landy highlights that, ‘the basic problem of a performance is that of information control – what is good and what is not good for the audience’ (1982: 126). HIV/Aids issues seem to be naively addressed in the ITTP and I find this problematic. ITTC focuses on solutions rather than go through a process which interrogates HIV/Aids problems. This is problematic because it gives the correct path, rather than offer the means by which all possible paths may be examined. This doesn’t give the spectators an opportunity to bring out an array of options to facing the challenge and addressing it.

Hot seating the characters is a perfect opportunity for the spectators and the characters to have a dialogue on the whole situation in the play. It is however the way it is done that will ensure or impede information exchange between the characters and spectators. Elam (1980: 87) points out that there is a more fundamental form of competence required before the spectator can begin to decode the performance appropriately. This can only be properly understood on the basis of the theatrical competence more or less shared by the performers and the spectators. This is what I found lacking in the ITTP, the HIV/Aids issues have been idealistically tackled in most of the interventions. The characters’ and spectators’ position have not been challenged deeply enough to move the interventions to a higher level. Hot seating is however an integral part for the spectators because they get an opportunity to interrogate the circumstances surrounding the problem since the ITTC play just presents the problem and not the circumstances surrounding it.

3.1.4 Simultaneous Dramaturgy

The spectators give suggestions on how to respond and find solutions to the problems at hand in a fashion known as simultaneous dramaturgy in the theatre of the oppressed. This involves the spectators giving either the antagonist or protagonist advice around the challenge in order for them to live a healthy lifestyle. The suggestions are given verbally by the spectators and this will be done from a seated position. The suggestions in the ITTP are accepted by the protagonist who implements them in the replay of the scene, while the antagonist rejects them. The antagonist’s position is deliberately done

in order to heighten the tension in the process and increase spectator engagement. The antagonist maintains their qualities and by so doing they are inviting the spectators to interrogate the role. Usually the spectators will be against the antagonist supporting the protagonist who is observed as a victim of the antagonist's actions.

Giving suggestions to the characters as to how they should or could behave and conduct themselves in the play gives the spectators a much more influential position in the process. Although the spectators would have been excluded in the processes of creating the play, this stage offers a perfect opportunity for them to be involved in the rewriting of the play. This aspect has similar elements to the simultaneous dramaturgy that occurs in theatre of the oppressed. Boal (1985: 132) highlights that at this stage the spectators intervene without necessitating their physical presence on stage. The important aspect of this stage in the ITTP is that it is inclusive of the facilitators, performers and the spectators in the role creation process. The spectators are actually in the driving seat of the process since they get this opportunity to devise their own roles according to the way they think they should behave and relate to others. Boal asserts that:

In forum the patient is not a passive recipient of the treatment, but, like a film director is the director of his own therapeutic processes with the presence of a participating audience acting as a multiple mirror to enable new and multiple readings of the past (and always present) events (1995: xxiii).

Although the spectators are not involved in a forum, by giving suggestions to the characters on how to play their roles, they become active participants in the role creation process. In most interventions the spectators do not get such an opportunity to interact with the characters. This is also important in that there is a person to person interaction between the characters and the spectators in the process. It is through this interaction between the role and the spectator, that role is able to challenge and inform the self and the other in an intervention.

The spectators have the space to explore and expand role into unknown universes and as a result can constantly surprise them into new awareness. Spontaneity and creativity

become central to this process since the spectators will give the suggestions spontaneously. In the process of spectator involvement the characters can then be transformed into new forms and by doing so they end up portraying multiple roles. O'Neill (1995: 91) says it is through this process that there is transformation into something we are not, and by multiplying the number of roles we undertake, we are transformed again. In the ITTP the antagonist does not take the advice that is suggested by the spectators. It is mainly the protagonist who takes the advice and puts it into action in relation to the antagonist who does not shift his/her position. This actually challenges the spectators and thus indirectly prepares them for the next level of involvement where they come on stage to play a role with the antagonist. The fact that the antagonist does not shift his/her position also brings out an aspect of how role communicates in the intervention. Instead of considering the suggestions given the antagonist actually pretends as if all the information is useless and everything that is said is wrong. Landy (1993) points out that:

There is a correlation between function, information and region and in this we can be able to know what role function, information and region the performer played (1993: 129).

Since the character is an antagonist it is acceptable that they do not shift their position in the play. This actually helps the process, invoking the spectators and challenging their positions on HIV/Aids. This aspect is well conceptualised in the ITTP. It is through this interaction that the spectators engage their thoughts and feelings in the lives of the characters in the play and try to transform them. Through that experience of trying to transform the role they are transformed as well when their positions are challenged by the role.

Through role creation spectators are able to create the dramatic worlds upon which they can confront HIV/Aids issues. The spectators will hold on to what is going on in the two worlds, the dramatic world and the real world, at the same time. The spectators' suggestions are drawn from their life experiences and the way they would envisage functioning in society in order to respond to HIV/Aids. Landy highlights that, 'role draws from our everyday lives and it uses imaginative impersonation as key to

social learning' (1993: 82). This becomes central to the creation of roles which encompasses identification, introjection, association and disassociation.

3.1.5 Role Playing

This is the phase where the audience members come up on stage to role play their suggestions on stage rather than just giving them from a seated position. According to O'Neill (1995: 91) the best way of discovering ourselves and learning our powers and potentialities is through our encounters with others, both real and imaginary. Through the dramatic roles and worlds that are available vicariously or actively in theatre we can learn both who we are and what we may be. This gives spectators the chance to play the role of the protagonist and bring life to their suggestions. However, unlike in Forum theatre there isn't much emphasis given to whether the other spectators agree with the solution or not. This is much more focused on a personal level of how one will face the situation as far as HIV/Aids issues are concerned.

When the play is stopped on scene spectators get the chances to participate by role playing in the play. This technique is similar to Boal's Forum Theatre concept where the spectators come on stage to replace a character. Eskamp (2006) points out that, 'In Forum Theatre the play is performed in front of the audience twice, inviting the audience to participate directly during the second performance'. ITTC however does not perform the whole play twice but invites the audience to role play on particular scenes of the play. According to Boal (2006: 138) anyone may propose any solution but it must be done on stage, doing things, and not from the comfort of the seat. This enables the spectators to be active participants who are *spect-actors* rather than passive spectators. ITTC avoids the passive spectator by ensuring that the participants become *spect-actors* in interventions that have the fluidity of being spectators and performers. In the process they are playing within two contexts of the real and dramatic worlds. They will be able to be a performer and also transform to become spectators at any point. This allows interaction through role in the intervention which is important in HIV/Aids education.

Playing a role in the intervention leads to experiencing of a challenge under an unfamiliar set of constraints in order for one's own ideas to emerge and increase understanding (Ments 1983:18). This technique is vital if ITTC is to achieve its goal of influencing behaviour change. By getting into the shoes of the other and playing that role the spectator gets the chance to feel how it is like to be in that position. It is through this experience then that one is able to really understand the situation. This is important in dealing with HIV/Aids, as it is the most profound way in which we can then be able to have a better understanding of one another on HIV/Aids issues. Boal arguing on spectator involvement says:

In forum theatre the audience not only comments on the action, it intervenes directly in the action, taking part and trying to bring the play to a different end; its no longer about passive receivers, it is a gathering of 'spect-actors' (active participants) who bring their own experience and suggestions to question... (1995: viii).

When spectators role play in the ITTC intervention costuming is an element that is used as a way to get in and out of role. Costume is an important factor in theatre circles as it helps to define a character. The spectator wears costume which symbolises a role in the ITTC intervention, so when they get into that role it becomes clear they are no longer who they are in real life but a character in the play. This demarcation of the dramatic and real world is important when dealing with HIV/Aids issues because it is very sensitive and one has to be careful in their approach. Getting out of that character and going back to become a spectator will be symbolised by taking off the costume and announcing that they are no longer the character. This stage of the process gives the spectators an interactive opportunity in the action which is much more engaging than just watching from a seated position. By getting involved in an action the spectator gets a chance to try out what they think are solutions to the challenge at hand. This is much more experiential to spectators allowing them to be *spect-actors* and not just passive participants in the process. Jones points out that, 'merely by creating or taking part in an enacted myth or story which has connections to a problem they are encountering, a client may gain insight into the life experiences' (1996: 102). A

number of the issues that are brought up in the play are what the spectators experience in everyday life. It is through taking roles in the intervention that the spectators start to confront HIV/Aids issues.

The challenge for ITTC is that they do not spend a considerable amount of time involving spectators on role playing in the intervention. Only one or two spectators get a chance to role play. The role play is highly influenced by the facilitators in that they sometimes tell the role player what they have to say. It could have been a different situation if spectators come on stage and really express what they feel towards a given scenario. The facilitators also tend to block suggestions that they do not consider appropriate in reacting to the antagonist or protagonist. In one intervention a spectator suggested that they would rather ask the victim who had been infected by HIV, how they got it. This spectator's suggestion was blocked and I felt there was need to really understand where this spectator's ideas were coming from. This often leads to pseudo participation that the spectators may show in the intervention rather than honestly bringing out their feelings and thoughts on HIV/Aids. If ITTC is to have interventions that are beneficial to the spectators the approach must give spectators room for experiential learning that allows them to show their thoughts and feelings. It is from these expressions that ITTC will be able to respond to the challenges such as stigma and discrimination that may arise in the intervention.

There is role reversal in the process as the spectators and the actors interact and intersect in breaking the silence on HIV/Aids. The main challenge faced is openness and being honest about HIV/Aids. Landy asserts that, 'role reversal is common in everyday life' (1993: 141). People learn to understand others through role playing and it is by taking the role of others that we can be able to come back to ourselves. By getting into the shoes of the other and assuming that role, the spectators and the actor-educators experience what it is to be the 'other'. Breaking the silence is a good idea; however the way it is done in the ITTP seems to limit spectators' involvement and contribution in the intervention. Instead of letting the spectators react in the way they want to an HIV positive person or someone with Aids, the audience members are told

how to answer back. Instead of interacting with role, spectators end up being mere actors who have to memorise lines as they are in the script. The role reversal in the ITTP may not be effective because the spectators are not being themselves but rather are told what to say.

3.1.5 Reflection

This is the stage when the spectators give feedback to the process. Basic questions are asked on what they would have learnt from it. This creates room for reflection on the issues that would have been tackled. This is also done in order to find out whether the process was beneficial to the spectators. This is a reflective moment for the spectators in terms of how the dramatic world and the real world were able to interact and intersect. O'Toole and Donelan point out that, 'the medium of drama is available for discovering and articulating ideas, feelings and attitudes and shaping these private understandings into a public form' (1996: 117). Having a reflection process for the whole group or individually with the spectators will be of profound help to them. It gives them the skills and the will power to know how to tackle HIV/Aids issues in their lives. Reflection may not be easy but it is one way of engaging those spectators who are willing to start dialogue on HIV/Aids. What is most disastrous is when the spectators need someone to talk to after an intervention and not find them. Interventions destabilise the spectators' lifestyle as it brings about new ways of relating to issues. The ITTC actor-educators are responsible for such kind of destabilisation and reflection sessions are a perfect stage where such issues can be discussed and addressed.

Reflection is quite an important element to HIV/Aids work and should not be taken for granted because HIV/Aids is a sensitive issue that needs to have a proper closure to make sure the spectators are safe and stable. The ITTC actor-educators do not give time for proper closure to the process and they start packing their props before the spectators leave the space. This also makes it difficult for the spectators to have one on one conversation with the actor-educators after the process. I have seen some spectators hanging around the room after the intervention with intentions of wanting to

talk to someone but at times they have not been able to because the actor-educators would be busy packing their stuff. A proper closure needs to be done for both the spectators and actor-educators so that they are able to derole from the roles they would have been playing in the process. Neelands highlights that, ‘it is not enough to have an experience of drama-time without also having some evaluation...’ (1984: 56).

3.2 Conclusion

The ITTP is the main structure that ITTC uses in all its workshop-performances. This process is made up of a number of techniques that are drawn from various theatre forms. As highlighted in their 2005 annual report, ITTC devised a unique interactive theatre methodology that uses a range of interactive theatre techniques including Forum Theatre, dramatherapy, psychodrama, theatre games, improvisation, formal teaching methods, play devising, play directing and performance. (2005: 2). In its approach to interactive live drama the ITTP uses role technique. The use of role technique is one of the most powerful aspects of theatre that directly deals with the individual and how one relates to the others. It is how role technique is structured and handled in the intervention that determines its success or failure.

The next two chapters will be based on a performance analysis of the application of role in the ITTP. The focus will be on two plays which are *Class of 2008* and *Heartbreaker*. The analysis will be divided into two chapters, with chapter four and five being the performance analysis of *Class of 2008* and *Heartbreaker* respectively.

Chapter Four

Performance Analysis: *Class of 2008*

4.0 Introduction

The Interactive Themba Theatre Company (ITTC) aims to bring about behaviour change among the youth and adults in South Africa in relation to HIV/Aids so that they are able to live healthy and safer sexual lifestyles. Tackling behaviour change is one of the most challenging issues that HIV/Aids interventions have faced in recent times because it depends on the human self and it is quite difficult to measure. Rowan asserts that, ‘dealing with the self is a major challenge of today’s psychologists, psychotherapists and counsellors...’ (1999: 2). ITTC has not been spared either in their HIV/Aids interventions because the notion of self changes at various stages in the psycho-spiritual development of human beings. In the search for an approach that can enable getting closer to the self, ITTC has turned to the use of Interactive Themba Theatre Process (ITTP) in order to influence behaviour change.

Courtney (1974) argues that essentially actions between persons are organized into roles and that human conduct is the product of the interaction between the self and role. The interaction between the self and the role has various levels in a performance. They vary from where the self and the role are differentiated, to the level where the role and the self cannot be differentiated. It is through this interaction at whatever level, that role behaviours are learnt intentionally or incidentally. This chapter analyses the significance of role in an intervention where the ITTP used a play called *Class of 2008*.

4.1 Synopsis of the Play

The action in the play, *Class of 2008*, takes place at a High school involving four friends who are classmates. There is Mzobo, a 21 year old male who has multiple sexual partners; Lebo, 17 year old female who is Mzobo’s girlfriend; Lebo’s friend Mthabiseni, a 17 year old female and Tapelo, 20 year old male who is Mzobo’s friend.

Mzobo discovers that his girlfriend Lebo is HIV positive and then breaks up with her. He does this despite the fact that he is the only guy that Lebo ever had unprotected sex with. Lebo advises Mzobo to go for an HIV test but he refuses and blames her that she is telling people that he is HIV positive. Instead of considering going for an HIV test he goes on bragging to his friend Tapelo how he has so many girlfriends. Mthabiseni finds out that Mzobo broke up with Lebo because she is HIV positive and confronts him, but this is of little help as Mzobo does not want to hear anything about Lebo again. Mthabiseni gives Lebo the support to cope with her new condition of being HIV positive. Meanwhile Mzobo's friend Tapelo who used to have multiple sexual partners decides to stop engaging in risky sexual behaviour after the death of his cousin due to Aids related illness. On the same afternoon that Mzobo finds out that Lebo is HIV positive Tapelo incidentally invites Mzobo to accompany him to the clinic so that he can take an HIV test. This does not go too well with Mzobo who thinks that there has been gossip about him being HIV positive since Lebo, his girlfriend, tested positive. Mzobo in the end is not in good books with Tapelo, Lebo and Mthabiseni and continues with his arrogance about his behaviour and the way he treats his sexual partners.

4.2 Role Analysis

Rowan and Copper (1999: 90) point out that in drama there is a reflection on the shift away from the concept of monolithic self to the concept of plural self. In this process there is no core self, and if there is no core self, there comes a need to analyse the frames of personalities surrounding a personality. This means that there is a pool of characteristics which surround a role personality. This brings out the issue of multiple impersonations, which is the ability to develop a person through combining a number of frames of personalities to present a role. In the presentation of the role there are contents that relate to our everyday life that will be observed, through the particular role. Landy points out that:

Consistent with the idea of the multitudinous personality, role can be seen as a concept in its own right as it relates to a larger model of personality and healing. In moving beyond the *theatrical mundi* metaphor, the concept of role

implies not only that the world is a stage and the people are players, but that the space between reality and imagination is the source of creative energy enabling us to make sense of our perhaps not-so-meager existences (1993: 30).

Through the portrayal of real life using role there are themes that can be observed by spectators in the play *Class of 2008*. The spectators identify with the role on stage through emotional feelings, thoughts, experiences and attitudes. The identification with role may be a projection of one's experiences with HIV/Aids.

Jones (1996: 101) highlights that in dramatherapy the importance lies in the way in which this phenomenon, of dramatic projection, creates a vital relationship between inner emotional states and external forms and presences. In the ITTP presentation, roles inform particular themes leading to the emergence of a relationship between actor-educators and spectators through identification and projection. Esslin in his analysis of the relationship between the spectators and the performance asserts that:

Watching a play, film, a television series, listening to a radio play, we have declared our willingness to have something communicated to us and therefore we are intent on decoding the communication: everything that happens in that frame on the screen, on that stage, in that half-hour of broadcasting, must contribute to that act of communication (1976: 51).

The ITTP uses role as a central tool to develop dialogue between the actor-educators and spectators. The play *Class of 2008* is designed to communicate HIV/Aids issues with spectators, and through that, influence behaviour change. It is through role that the HIV/Aids themes are brought to life and spectators interrogate these issues. In the performance analysis of *Class of 2008* the main themes that I will interrogate are peer pressure, gender relations, denial and positive living.

4.2.1 Peer Pressure

Clasen and Brown (1985: 452) define peer pressure as the pressure to think or behave along certain peer prescribed guidelines. This is regarded as a prominent attribute of adolescence in peer group relations and forms an integral component of adolescent socialization. Peer pressure is a primary mechanism of transmitting group norms and

maintaining loyalties among group members facilitating the development of a sense of identity. Peer pressure often leads to early sexual encounters by the youth, of which in most cases many will not be ready. Naran in a report on adolescent sex in South Africa highlighted that, 'our youth, including young children, are sexually active... some of the other disturbing findings included that, at 18, two out of every three children had had sex' (2005: 6). The sexual encounters are usually associated with alcohol or drug abuse and not well planned thus leading to unprotected sex. This risky sexual behaviour can expose the youth to HIV infection at a very young age.

Mzobo's role in *Class of 2008* portrays how peer pressure is a determining factor in HIV infections among the youths. The role portrays how sexual lives among the youth can be influenced by peer pressure. Landy (1993: 140) points out that, role categories are not arbitrary but appeal to central concerns to continue probing the body, mind, soul, feelings, and habitat of humankind. This role is able to speak to the spectator because it appeals to their mind, feelings, soul and humankind. The role shows its cognitive domain through the way it operates in decision making. Cognitive domains pertain to one's way of thinking and solving problems. This role shows typical personalities of peer pressure that can be realised among the youth in real life. The decision not to use condoms and having multiple and concurrent sexual partners is not a personal decision but rather an act to fit into group conformity. Mzobo and his friends agreed that they will have many sexual partners and not engage in protected sex. The 1999 UNAIDS journal highlighted that HIV/Aids seriously affects adolescents throughout the world. One-third of all currently infected individuals are youth aged between 15 and 24, and half of all new infections occur in youth of the same age. Most of these infections can be related to peer pressure. By following the agreement of engaging in unprotected sex Mzobo's role is portraying how the youth at times are influenced by peer pressure thus putting their lives in danger. It is through the presentation of this cognitive domain that the spectators identify with the role.

Role also brings out its affective dimension by showing the cognitive domain. Affective domain has to do with moral values and feelings. The morality level of Mzobo's role is a portrayal of what youths can relate to HIV/Aids. Landy suggests

that, 'the basic moral values displayed through affective roles are those representing the interplay of good and evil, innocence and experience, often roles are presented as conflicting with one another' (1993: 147). The role is motivated in its actions and is there to serve a purpose in the performance. It is the interplay between good and evil that will enable the spectators to associate or disassociate with the role. Peer pressure is the determining factor on the role as can be read from the thoughts. There is always reference to a cousin, brother or friend as the inspirations behind any decision. Having many sexual partners and not having protected sex is not a personal decision, but rather a mere act of group conformity. At the end of the day Mzobo's role does not have a core self where it can refer back to and identify who he really is? He seems to have lost control of his life to an extent where there are just bitten pieces of peer pressure driving him.

Mzobo's role also presents a front which the spectators can identify and relate to. Goffman (in Biddle and Thomas 1966: 201) points out that, 'it will be convenient to label as "front" that part of the individual's performance which regularly functions in a general fixed fashion to define the situation for those who observe the performance. The role is presenting a front in order to escape from reality. Mzobo is aware of the fact that he might be HIV positive as shown when he is hot seated with a truth stick, where he is supposed to be honest in responding to questions. By presenting a front Mzobo's role managed to bring out personalities that show how peer pressure acts as a contributory factor in HIV infection among the youth. Mzobo's role refuses to take any constructive advice from peers and spectators and sticks to the risky sexual behaviour just because it is an agreement he made with his friends although, he is aware that this is dangerous. By presenting this front the role is able to portray how peer pressure can be a determining factor in influencing the youth's sexual lives. Peer pressure can destroy personal values and rationality as observed in this role. Deep down in his soul Mzobo knew that he was engaging in risky sexual behaviour as can be observed in his reactions to Lebo when she advises him to go for an HIV test.

Mzobo and Lebo's roles in *Class of 2008* portrayed a set of values that certain groups of people hold in life in relation to HIV/Aids. Haseman and O'Toole (1982: 4) point out that taking on a role involves identifying with a particular set of values which may or may not be your own. Through the interaction of the role and spectators in the intervention, spectators identify or even experience projection with the role. Some of the spectators in the ITTP identified with Mzobo's and Lebo's roles, and were able to witness the theme of peer pressure in the play. These roles were motivated in the decisions that they took in the performance outlining how peer pressure operates. Through this portrayal the spectators were able to identify and even project themselves with the roles as observed from their participation in the intervention. Some of the spectators associated with Mzobo's role and supported his actions pointing out that he was a clever guy as they were excited by his responses and action in the play. However other spectators disassociated with the role as they blamed Mzobo for infecting Lebo with the HI Virus. Most of the spectators associated with Lebo as they understood that she was a victim of peer pressure and needed support. One spectator who role played as Lebo's friend associated with her by rendering her support to come to terms with being HIV positive. It is through this interaction with role that this theme was communicated to the spectators.

4.2.2 Gender Relations

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men, girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. Chege (2005) in an article on gender relations points out that numerous studies have shown that social constructions of masculinity and femininity that are stratified in a hierarchical order have many negative implications on relations between men and women and on their sexual and reproductive health, well being and rights.

The relationships that develop between roles or between the role and spectator in an interactive process have an element of power that comes with it. In *Class of 2008*

Mzobo's role has an element of power over the other roles and that can be related to gender. Haseman and O'Toole assert that:

All relationships have an element of power in them – this means that one person has some hold over the other, some special knowledge or a higher position. You have to consider your roles, in relation to each other, in terms of status – will your role be of higher, lower or equal status (1986: 8).

Status will affect the manner and bearing of one towards the others in the drama.

Mzobo's role conforms to the societal gender relations that exist between males and females regarding their sexuality. This role is portrayed in the play as more powerful to Lebo's role and by so doing the theme of gender relations is communicated to the spectators portraying how men are generally more powerful than women. This has a bearing in sexual relations as seen in their relationship. Mzobo was in control and influenced Lebo to have sex even though she was not yet ready. The situation they were in gave Mzobo more power over Lebo considering that it was late at night and also that they were at Mzobo's place.

Men take a leading role in the sexual encounter and this gives men a higher status when it comes to sexual intercourse. In *Class of 2008* status portrays gender relations between Mzobo and Lebo's roles. Kiefer et al (2006) in their research on sex roles explain that gender role theorists have argued that exposure to media and to societal expectations socialize heterosexual men to take on a more agentic sexual role than heterosexual women do. Men are expected to initiate and direct sexual activities. Correspondingly, heterosexual women are socialized to take on a relatively submissive or passive role during sexual activities. Mzobo is the one who takes the leading role in initiating a sexual encounter with Lebo. He also turns down the suggestion to use protection in the sexual encounter suggested by Lebo giving the role a higher status than Lebo's role. Van Dyk in his analysis of the perceptions of condom use in Africa points out that, 'condoms have not been popular in Africa' (2005: 122). The reason behind these attitudes have unfortunately been misinterpreted by some western authors who have ascribed it to promiscuity, permissiveness and lack of moral and religious values, without understanding the sexual values and roles differentiations in Africa

(Van Dyk 2005: 122). Despite all the knowledge and information people have on HIV/Aids the use of condoms has met considerable resistance and part of the resistance is associated with gender power dynamics linked to cultural and societal norms in Africa, as can be observed in Mzobo and Lebo's roles.

Through the cognitive domain Mzobo's role shows the power dynamics that exist in society between males and females. Generally men are more powerful than women and this has a bearing on their sexuality. In a patriarchal society like South Africa characterised by male dominance, gender is an expression of political power that enshrines rigid stratification of male/female relations to ensure political domination by men and subordination of women. Mzobo's role portrays such societal constructions by looking down upon women. The fact that Lebo is a victim infected by Mzobo confirms theories on the relationship between societal power dynamics and HIV/Aids riskiness. Women are generally victims of HIV infections than men and this can be related to patriarchy. In the society men have been regarded as the perpetrators of the spread of HIV to innocent women and this has been associated with gender power dynamics. Male dominance is however a contested issue as outlined by Chege (2005) who says, all men are not necessarily equally powerful politically and socially, because gender traverses with other social stratifications based on race, class, religion, ethnicity, age and sexuality which determine an individual's social status and political power or the lack thereof. In *Class of 2008* the role relationships were portrayed in a manner that the spectators can relate to aspects of everyday life through role images.

In a survey carried by Hjort (2004) on South Africa it was discovered that the most groups affected by HIV/Aids were women and youth. This is even worse for the girls, as Hjort (2004) in his report showed that when it comes to teenage girls and young women, the picture is bleak. He points out that it was discovered that of all HIV infected young people (ages between 15 and 24), 77 *per cent* of them were female. This difference between young men's and women's infection rates is much higher than has been noted in any other international study. The portrayal of Lebo as a victim shows the role qualities that the spectators can identify with. Role qualities portray

character type in a performance. Lebo's role portrayal as a victim is a quality that the spectators can easily identify with considering the rate of women abuse in South Africa. The spectators in the intervention confirmed that such situations occur in everyday life. During the simultaneous dramaturgy phase spectators came up with possible ways to avoid ending up in Lebo's situation. It is through the presentation of such images through role in the interventions that appeals to the self that can enable ITTC to have an impact on behaviour change among the youth.

The personification of role enables the spectators to come face to face with these challenges and find possible ways of addressing them. Jones (1996: 109) points out that the involvement of fictional or imaginative material through the personification or impersonation can create opportunities to transform and explore the issues in a new fashion. By using role to explore these HIV/Aids related issues the spectators can develop new ways of seeing the epidemic. These two roles portraying existing gender relations are motivated by attitude and purpose. Each of these roles has goals they wish to achieve which the spectators can relate to from life experiences. This is what makes these roles functional in the performance, and it is through that functionality that roles speak to the spectators.

4.2.3 Denial

Testing HIV positive is an experience that raises mixed feelings on a person, family members and the community. Whether it was a bolt out of the blue or something that was expected and prepared for, for most people, testing positive can be a terrible shock. This often leads to denial. A number of people are reluctant to have an HIV test due to the fear of coming out positive.

In *Class of 2008* denial can be observed through the portrayal of role behaviours. Mzobo refuses to go for an HIV test after his girlfriend Lebo tests HIV positive. This occurs despite the fact that they once had unprotected sex, and that Mzobo is the only man Lebo ever had sex with. This denialism is common to HIV/Aids because testing positive brings fear and is also associated with stigma and discrimination (S&D).

Mzobo's role is able to present a front in order to comfort himself and live in denial. Mzobo decides not to go for an HIV test and continue with his life. This can be a result of the fear to test positive since factually there are high chances that Mzobo might be HIV positive.

A role has to have a purpose in order to develop a relationship and communication lines with the spectators. Haseman and O'Toole say, 'we are able to set up relationships in our drama on roles' (1986: 3). Through interaction relationships develop between the spectator and the role. The attitude is bringing out how the role relates to the fear of testing HIV positive. This gives the role motivation in the performance and through that it is able to engage the spectators as they can see denialism through the role. Mzobo's role portrays an attitude of denialism that the spectators can associate with. The spectators raised questions about why Mzobo was refusing to go for an HIV test and urged him to go for a test. This shows that the spectators identified denial in the role and thus tried to help.

Drama as a medium of communication enables participants to step into an imagined world where role is able to speak to the spectators. Haseman and O'Toole also point out that:

Working in drama involves stepping into an imagined world and to make this imaginary world of drama meaningful and purposeful, it must have aspects of the real world in it (1986:3).

It is this aspect of the real world communicated through Mzobo's role that manages to engage the spectators in the ITTC interventions. Mzobo's cognitive domain after he suspects that he is HIV positive portrays denialism. He becomes defensive and offended whenever anyone raises the issue of an HIV test. He almost had a fight with his friend Tapelo who had requested that he accompanies him for an HIV test. This is a similar reaction Mzobo gave to Lebo when she suggested he goes for an HIV test. By portraying such role qualities the theme of denialism was communicated to the spectators who identified with the role. The spectators urged Mzobo to go for an HIV

test so that he can deal with the denialism that he was portraying. This showed that they identified with the role.

The aesthetic dimension portrayed in Mzobo's role also portrays denialism. Aesthetic dimension pertains to the balance between the self and the role's cognitive and affective domains (Landy 1993: 145). The role is showing a balanced relationship between the cognitive and affective domains. Mzobo is able to use his cognition not to go for an HIV test so that he can manage to justify his affective domain. He however loses his affective domain as shown in the encounters with Lebo and Tapelo. The *as if* ability can be observed in Mzobo's role and this helps in the portrayal of the denialism theme. Sarbin (in Biddle and Thomas) says:

Learning of social role is associated with the ability to treat an object or event *as if* it is something else. In that something fictive is stated. Since roles are organised concepts, taking the role of the other then is not possible without the *as if* ability. The imaginal processes are seen as being able to engage with the *as if* behaviour (1966: 199) (my emphasis).

It is the portrayal of the *as if* behaviour through Mzobo's role that denialism is communicated in *Class of 2008*. During simultaneous dramaturgy when spectators give Mzobo advice to change his sexual behaviour and go for an HIV test, he declines all the suggestions by saying, 'Mina uMzobo change my ways? Vayangibhedela!' (Me Mzobo change my ways? They are crazy!). These words show the denial that is being projected through role.

Accessibility of role is very important in applied drama if the intervention is to be of any benefit to the spectators. Sarbin (in Biddle and Thomas 1966: 199) points out that the value of role enactment would lie in its application to the learning of social roles. Self criticism of one's own actions could follow only if these actions are accessible or reportable. The spectators found the problem presented in role (denialism) and engaged in the intervention through simultaneous dramaturgy exploring ways of dealing with the challenge. These role qualities managed to engage the spectators in an

interactive relationship. It is through these various relationships towards the role that the spectators interrogate the issues in the dramatic world from their own perceptions.

4.2.4 Positive Living

Although testing HIV positive can be a horrible experience with the emergence of antiretroviral (ARV) drugs one can still live a healthy life with HIV. In a survey on people's reactions after testing HIV positive, Cichocki (2007) points out that testing HIV positive is a challenging experience, but taking the right steps after the diagnosis can have a positive effect on one's future health and well-being. In *Class of 2008* the theme of positive living is portrayed through role. Lebo's role shows that there is life after testing positive as opposed to Mzobo's role. There has been a general perception that when one tests positive their life is over, and this has led to many early deaths of people living with HIV/Aids (PLWHA). Vermaak (2006) in a research on testing HIV positive discovered that to most people, an HIV test is the most traumatic procedure a person can take, because a positive result spells doom in the popular imagination. Lebo's role portrays to the spectators the positive attitudes people need to have about being HIV positive rather than see it negatively. The role attitude is bound to inspire and challenge the perceptions that some spectators have in relation to being HIV positive. With the discovery of ARV drugs the PLWHA are able to have a prolonged life. Haseman and O'Toole assert that, 'each character in every drama has attitudes towards, amongst other things, the subject of the drama and the other characters in the drama' (1986: 10). The portrayal of such an attitude is something that recent HIV/Aids response programmes are currently promoting. By embodying this theme through role the spectators have a physical encounter with the attitude embodied in role and can challenge the negative attitudes associated with HIV/Aids.

The cognitive domain in Lebo's role is showing a positive attitude towards testing HIV positive. Lebo still believes that they can still have a healthy and happy sexual life with Mzobo. However Mzobo's role is portraying a negative attitude towards testing positive. Juxtaposing these two opposing ideas in role gives the spectators a choice to choose whether to live in denial or live a positive life. In the intervention during the

simultaneous dramaturgy and role play the spectators supported Lebo thus showing their identification with the positive living theme. One spectator who role played Mthabiseni reminded Lebo that there is life after testing HIV positive as long as she can keep herself safe and healthy. The role qualities in Lebo's role give the positive thinking that is needed for society to respond to HIV/Aids. Responding to HIV/Aids in a positive way will help in addressing challenges such as stigma and discrimination in families and societies. By portraying a positive cognitive domain this role also brings out positive affective domains that should be associated with testing positive. Although testing HIV positive can be associated with immorality, the affective domain that the role portrays brings out the theme of positive living. Lebo is not afraid and ashamed to be HIV positive. This role acts as a mirror of dramatic realisation on the part of the spectators. Goffman asserts that, 'if an individual's activity is to become significant to others, he must mobilise his activity so that it will express what he wishes to convey' (in Biddle and Thomas 1966: 202). By showing a positive cognitive and affective domain the role set out to communicate the importance and possibility of positive living.

Mthabiseni and Tapelo's roles also portray the theme of positive living. The roles show a cognitive domain that is supportive of positive living. The fact that Mthabiseni gives support to Lebo when she tests HIV positive shows her positive attitude towards being positive. This kind of attitude is important in terms of giving support to one another. Mthabiseni's role is showing the friendly support that exists in life. She portrayed true friendship to Lebo by sticking to her even after she tested HIV positive. This is something that the spectators could identify with and became supportive of. The spectators who role played during the intervention also showed support to Lebo's role thus reinforcing the theme of positive living. Haseman and O'Toole go on to say that, 'when developing role it is always important to keep in mind the purpose you have in the drama' (1986: 8). Mthabiseni and Tapelo's role had a purpose in the intervention and this was motivated. In life experiences friends are there to support each other and this is shown in these two roles. By giving Lebo the support she needed these roles were portraying the positive living theme.

The roles managed to act as symbols through which the theme of positive living was communicated. The spectator attitudes, feelings, and thoughts towards Lebo showed the broader perspective of how families and societies need to respond to HIV/Aids.

Esslin also says that:

Put it in its mundane terms, the basic task of anyone concerned with presenting any kind of drama to any audience consists in capturing their attention and holding it as long as required... if you lose their attention, if you fail to make them concentrate on what is happening, on what is being said all is lost (1976: 43).

By portraying the aforementioned role aspects characters in *Class of 2008* managed to engage the audience through symbolic presentation of themes.

4.3 Conclusion

It is through undergoing an experience with the role that the spectators are able to have a better understanding of not only themselves but the other. Role embodiment of themes gives the spectators a platform that invites them into dramatic worlds that enable interaction with HIV/Aids issues. This experience leads to interaction between the spectator and the role, and it is this experience that informs the spectator-self which is important in behaviour change. Moreno pointed out that, 'role-playing may be considered as an experimental procedure, a method of learning to perform roles more adequately' (1960: 84). The interaction between the role and spectators is what Boal in forum theatre refers to as 'a rehearsal for real life' (1985: 141). The most important aspect in *Class of 2008* is that the roles could speak to the current HIV/Aids trends which the spectators could identify with. O'Neill states that, 'the experience of theatre demands an active mediation by the spectators, who speculate, make assumptions, apply interpretations, and develop expectations about the make believe world that is unfolding before them' (1995: 112). The ITTP invites spectators to go through such a negotiation process with the roles. It is through role projection that spectators can relate to the themes, find their own self, and that of the other, leading to a better understanding of how to address HIV/Aids issues.

The next chapter gives another example of performance analysis based on the play, *Heartbreaker*.

Chapter Five

Performance Analysis: *Heartbreaker*

5.0 Introduction

This chapter examines the nature of role structuring and its application in the play, *Heartbreaker*. *Heartbreaker* is one of the plays that ITTC uses for adult spectators. The themes highlighted in the play pertain mostly to parents and adults in general and their involvement in HIV/Aids education. The essence of the analysis is to find out how spectators' engagement with role has an effect in influencing behaviour change. O'Toole asserts that:

Role playing is used to broaden people's repertoire of behaviours and to help them gain insight into their present behaviour and possibly to modify it. Role playing gives people an opportunity to try out behaviour before mistakes are made in real life situation (1992: 72).

By using role the spectators and the actor-educators are able to engage in an interactive process which allows them to take a look at HIV/Aids issues in new and different ways. Coming together as a group will raise a wide range of issues that may increase spectators' knowledge and reaction towards HIV/Aids. By using role as the central medium to the process, there is the presence of identification and separation which occurs with dramatic worlds in order to come to terms with the subject matter pointed out in the themes. In the dramatic world role is used to communicate the themes which the spectators have to grapple with in their everyday lives.

5.1 Synopsis of the Play

The action in the play is mainly set up in a family with a husband and wife, Mr. and Mrs. Nzimande, and their only son named Thumelo. Thumelo is friends with Shakes and they attend the same college. They are both aged 20. Thumelo has a girlfriend called Palesa aged 18, who is also a student at the same college. Mr. Nzimande, in his mid forties, is a truck driver and is hardly at home with his family due to work commitments. Mrs. Nzimande is a teacher and she is the one who spends more time

with their son, Thumelo. Mrs. Nzimande loves her son so much and she is always giving him everything that he asks for. Thumelo is from time to time given a car and money by her mother. She also gives Thumelo the liberty to go out to parties and sleep over. Mr. Nzimande is against this practice and is not happy about this, accusing his wife of spoiling their son. Mrs. Nzimande defends her actions pointing out that she wants their son to have a better life that will enable him to pursue his studies without any constraints. After some time Thumelo gets sick at school and he is taken home by Shakes and then later taken to hospital by his mother and Shakes. When he is treated he is tested for HIV and he comes out positive but only tells Shakes. When Thumelo gets sick again he asks Shakes to disclose his HIV status to Mrs. Nzimande. Mrs. Nzimande is devastated and shattered by the news. She however welcomes her son home despite being HIV positive. After two weeks Mr. Nzimande arrives home and is informed by his wife that their son is HIV positive. He is disappointed and angered by his son and wife. He blames his wife for exposing their son to HIV/Aids by giving him money and the car when he was still young. During the weekend when Thumelo comes home his father is angry with him and doesn't want to associate with him. Mr. Nzimande then concludes that he doesn't want to see Thumelo in his house anymore because he is a disgrace to the family.

5.2 Role Analysis

Landy (1993: 52) says how role is played is important for there is need to find the connection between feeling and thought, because these factors bring out purpose and form of the role more clearly. In relation to that O'Toole points out that, 'a drama frames a particular set of interactive behaviours between people, each of whom has purposes and motivation towards goals' (1992: 73). The framing of these behaviours is set around role which creates interaction between the performers and the spectators. The roles in the performance become 'players' and those with common interests become teams. These players and teams have goals they need to achieve in the dramatic world to define their purpose. O'Toole goes on to say:

These goals of the characters, like the drama, are expressed in representational terms, imitate the goals of equivalent people in real life; these goals are subject

to constraints caused by the situation and by the actions of the other characters – that is, dilemma and conflict (1992: 73).

The play is then able to communicate the themes through role and this process engages the spectators through either identification and/or projection. As the spectators engage with the play and interact with roles, certain themes on issues that affect them in their lives are tackled. Landy asserts that:

The major function of role in theatre is to endow a character with such a particular nuance; to discover small, personal, human ways to fill large, abstract, conceptual masks so that an audience can respond by saying, “yes we too see some truth about our own experience in that role” (1993: 167).

Heartbreaker brings out a number of themes, the main one being of parental influence and how it impacts on the problems associated with HIV/Aids among the youth. This chapter will interrogate this theme and the other emerging themes such as stigmatization and discrimination, care and support, and cultural influence. The analysis focuses on how *Heartbreaker* attempted to speak to these themes through role in a way that spectators could identify and relate to, and thus the significance of role in HIV/Aids interventions.

5.2.1 Parental Influence

The way parents raise their children has a bearing on their exposure to HIV/Aids. In as much as the children can make their own decision the circumstances children grow up under have a strong influence on their lives. This influence may or may not necessarily lead to exposure to HIV/Aids. The Issues of Public Health article (2001) highlighted that addressing the HIV/Aids epidemic among young people requires reaching not only youth themselves but also others who influence their lives. Parents and other family members can help prevent HIV/Aids among young people. In *Heartbreaker* Thumelo’s parents contributed to his exposure to HIV/Aids in different ways. At the age of twenty Thumelo was old enough to have made his own decisions, however parental influence from both parents exposed him to HIV/Aids. Mrs. Nzimande’s role brings out the aspect of maternal influence on child development. Maternal refers to anything relating

to, or belonging to, or characteristic of, or inherited from the female parent. Winkler points out that, 'this bond normally develops during pregnancy and giving birth, however it can also occur in cases where the child is adopted' (2000: 5). Maternal bonding is influenced by a number of factors both physical and emotional, and it is a gradually unfolding experience that can take time to develop. Maternal bonding is something that the spectators were able to identify with as parents and also having been children at one point in their lives.

The maternal bond between Mrs. Nzimande and Thumelo influences the way their roles relate to one another. The theme of parental influence is shown in Mrs. Nzimande as she is blinded by the love for her son to the extent that she overlooks putting Thumelo's life at risk. The role portrays a pampering attitude towards the son. She has too much love for her son to an extent where she does not question some of the decisions that she makes on Thumelo. This unconsciously leads Thumelo to go astray. When warned by her husband not to do that she is angered as she sees no reason to stop showing her love by providing for her son. This reaction to Mr. Nzimande is also influenced by her higher status to her husband in monetary terms. She is the one who earns more money than her husband this gives her a higher status. By portraying these aspects the role is able to project the effects of giving children too much liberty, and not monitoring them.

Mrs. Nzimande's role has an enormous amount of trust invested in the son, however he takes advantage of the love from his mother. Landy points out that, 'all characters in theatre are types to a certain extent (1993: 166). Mrs. Nzimande's role is portraying a type of a mother who becomes overcaring to the extent that she ends up pampering her son. In the play such a role has an important purpose towards the spectators as it develops within them the need to correct that weakness. This theme is clearly portrayed by Mrs. Nzimande's role as seen by the consequences of her actions on her son. In an intervention one spectator asked how Mrs. Nzimande felt after leading her son astray. The spectator showed that she blamed Mrs. Nzimande for leading the son astray although she was adamant that it was not her fault. This showed how the spectators had picked up that there was a problem with the way she raised her son.

Mrs. Nzimande's role however presents a front by insisting that there was nothing wrong with what she did for her son. Goffman points out that, 'front is the expressive equipment of a standard kind intentionally or unwittingly employed by the individual during his performance' (in Biddle and Thomas 1966: 201). By showing this reaction the role was presenting a front which was enough to invoke the spectators to take a critical look at the parental influence.

Landy (1993) highlights that role can be classified under certain domains. The domains in *Heartbreaker* portray how parents can consciously or unconsciously influence their children's lives ending up in irreversible situations. The cognitive domain has to do with one's way of thinking and responding to situations. The way Mrs. Nzimande thinks about raising of her son portrays the maternal love that often exists between mothers and their children. This even affects her affective domain, which has to do with feelings. She is so defensive to her action and by so doing she is showing her parental feelings towards Thumelo. Mr. Nzimande has control over his affective domain using his cognitive domain as he can foresee the danger that their son could end up in as a result of the pampering from his wife. This is the reason why he insists that his wife is spoiling Thumelo. The problem is that after foreseeing this danger he did not warn his son. Mr. Nzimande's role is showing what Landy (1993: 149) called 'aesthetic distance', that is, being able to control the cognitive and affective domains.

The theme is also brought out in different styles through role. According to Landy (1993: 169) style is the behavioural form in which the role is enacted, whether reality-based and representational, abstract-based and presentational or somewhere in between. Mrs. Nzimande's role is a reality-based role and this role portrays what happens to parents when raising children. In an intervention one spectator said:

I could see myself in that role and you played it so well that there is nothing you left in showing what we at times do as mothers. We do not see our mistakes; it is when it is presented to you like this that you begin to question yourself as to what type of a mother I am? Am I a good or bad one? (Spectator, Johannesburg, 18 November 2008).

The portrayal of Mr. and Mrs. Nzimande's roles was able to point out parental influence in HIV/Aids. Thumelo ended up being HIV positive because of the influence that came from his parents. Mr. Nzimande, in as much as he foresaw the danger, he was not willing to talk about sexuality and HIV/Aids to his son. Mrs. Nzimande was not able to predict what could happen to her son by giving him money, a car and allowing him to go out to parties and sleeping over. The Issues of Public Health (2001) article shows that young people with a stable, positive, and supportive family environment that includes parental monitoring engage in less risk-taking. Mr. and Mrs. Nzimande did not monitor their son and this exposed him to HIV/Aids.

5.2.2 Stigma and Discrimination

Stigma and discrimination (S&D) pertains to unfair treatment and segregation against a person or group of people based upon prejudice regarding gender, race, colour, or origin, to name a few. To understand the ways in which HIV/Aids related S&D appears and the contexts in which they occur, it is important to understand how they interact with pre-existing S&D associated with sexuality, gender, race, and poverty. HIV/Aids related S&D also interact with pre-existing fears about contagion and disease. Early Aids metaphors such as death, horror, punishment, guilt, shame, and otherness have exacerbated these fears, reinforcing and legitimizing S&D.

Parker and Aggleton in an article on S&D point out that:

HIV/Aids related S&D are most closely related to sexual stigma. This is because HIV is mainly sexually transmitted and in most areas of the world, the epidemic initially affected populations whose sexual practices or identities are different from the 'norm'. HIV/Aids related S&D has therefore appropriated and reinforced pre-existing sexual stigma associated with sexually transmitted diseases, homosexuality, promiscuity, prostitution, and sexual deviance (2002: 2).

These existing factors are largely responsible for perpetrating S&D against people living with HIV/Aids (PLWHA). The history of S&D shows that it did not just come out of a vacuum. It comes from a background that is strongly embedded in our daily

lives and this makes S&D a huge challenge. HIV/Aids related S&D reinforces some of the stereotypes, prejudices and social inequalities relating to gender, sexuality, ethnicity and nationality. The culture of S&D also feeds into criminalised activities such as commercial sex and drug use.

S&D against PLWHA remains one of the biggest challenges that society faces in trying to come to terms with the HIV/Aids epidemic. Van Dyk argues that:

Aids related stigma and discrimination remains the greatest obstacle to people living with HIV infection or Aids. Stigma and discrimination increase people's vulnerability, isolates them, deprive them of their basic human rights, care and support, and worsen the impact of the infection (2005: 100).

In *Heartbreaker*, Mr. Nzimande's role portrays S&D against PLWHA. When his son tests HIV positive he does not want to be associated with him anymore, in fact he wants him out of the house. These actions portray the negative attitude towards his son's HIV status. This attitude is fuelled by a number of factors. He has been disappointed by his son after struggling so much to send him to school so that he can have a better life. He is heartbroken by his son and decides to give up on him. However in giving up on his son the role is perpetrating stigma and discrimination against PLWHA. Parker and Aggleton point out that:

The family is the main source of care and support for PLWHA in most developing countries. However, negative family responses are common. Infected individuals often experience S&D in the home (2002: 8).

Mr. Nzimande's giving up on his son serves a purpose in the play. It is a result of parental disappointment. By giving up on him he is punishing his son for his actions, and thus functioning as a perpetrator of S&D. Parker and Aggleton (2002: 7) point out that HIV/Aids related S&D in families and communities is commonly manifested in the form of blame, scapegoating and punishment. For Mr Nzimande, throwing Thumelo out of the house is the appropriate punishment for his HIV status. Mr. Nzimande's role is rigid on the stance towards Thumelo and this is shown by the status when it comes to HIV/Aids. He becomes angry and silences his wife whenever she is

trying to convince him to change his attitude towards Thumelo. Whenever he starts speaking against HIV/Aids even his wife, who normally is powerful in the house, becomes quiet. This portrays the force and power behind his stance on HIV/Aids. He has reasons to behave the way he is behaving. He is showing his wife that he wants nothing to do with Thumelo because when he used to warn her about giving him a car and money, he was not listened to. These actions provoked the spectators to be against Mr. Nzimande's decision. Some spectators pointed out that they understood his anger but he must not discriminate against his son. It was the portrayal of that role that engaged the spectators in the intervention.

Mr. Nzimande does not engage in discussion on HIV/Aids with the wife as he feels this topic does not concern him. He actually does not even know his own status. He sees no reason to be concerned about HIV/Aids since he is faithful to his wife. He has a negative attitude towards the subject. This portrays the role type and the qualities Mr. Nzimande possesses in the play. In as much as he loves his son and is disappointed, by giving up on him he perpetrates S&D. His role also portrays ignorance towards HIV/Aids. He only thinks that this applies to those who cheat and sleep around. He is not aware that there are a number of ways apart from sexual intercourse that can transmit the HI Virus. This portrays how he is less informed on HIV/Aids. S&D is usually perpetrated by those with little knowledge of HIV/Aids. If the role was well informed about HIV/Aids there might have been a different attitude towards PLWHA.

As highlighted earlier, S&D comes from socio-cultural pressures that surround people in society. Mr. Nzimande's attitude towards his son's HIV status is also driven by these societal pressures. He argues that he is worried about what the neighbours will say about his family once they find out that Thumelo is HIV positive. Local cultural beliefs and explanations about disease and the causes of disease may also contribute to HIV/Aids related S&D. Parker and Aggleton (citing Warwick et al 1998) say:

Where illness is believed to be the result of "immoral" or "improper" behaviour, HIV/Aids may reinforce pre-existing stigma of those whose behaviour is considered to be "deviant" (2002: 7).

These circumstances shape Mr. Nzimande's role and thus influence his attitude towards HIV/Aids. He is concerned about his status in society rather than his son's wellbeing. He feels that Thumelo has lowered their family status by testing HIV positive. This shows the power dynamics that comes along with HIV/Aids. Mr. Nzimande is afraid that his family will not be respected by their neighbours because of HIV/Aids. Jackson avers that it is important for people to have the correct information on HIV/Aids because stigma and discrimination against PLWHA is fuelled by lack of knowledge. She says:

Unrealistic fears of how HIV is spread have lead to serious human rights abuse... as a result people have been thrown out of their families, sacked from employment, denied access to services and excluded from all sorts of social gatherings (2002: 175-176).

Relationships between people can become negative once the other is HIV positive. Thumelo used to be so close to his father but when his father found out that he was HIV positive the relationship turned sour. This shift in the relationship shows how S&D separates people and isolates the infected. Parker and Aggleton argue that most societies achieve conformity by contrasting those who are "normal" with those who are "different" or "deviant" (2002: 9). In this process S&D occurs as society is polarized in certain groups. This has a negative impact on the morale and health of the stigmatized and discriminated and may lead to early death. The change that occurs between Mr. Nzimande and Thumelo's role is evoked by the latter testing HIV positive. Landy (1993) highlights that role is invoked into taking a particular action, attitude or thinking. Mr. Nzimande's role is motivated towards the decision he makes. His actions are motivated in that they are bringing out the theme of S&D against PLWHA.

5.2.3 Care and support

HIV/Aids is often associated with a range of psychological challenges that must be addressed throughout all stages of HIV infection. It also affects the infected and affected socially, emotionally and mentally. Psychological support is critical to help

individuals, couples and families infected and affected by HIV/Aids to cope with their fears and emotions. Van Dyk points out that:

Aids is stuff of our nightmares, triggering many of our deepest fears...the diagnosis of HIV infection or Aids evokes severe emotional reactions – not only in the infected person, but also in his or her affected significant others (2005: 214).

For most people, testing HIV positive changes their lives in terms of how they feel about themselves and also how other people relate and feel about them. Counselling becomes necessary to those who are infected and affected. HIV voluntary counselling and testing (VCT) provides the bulk of initial psychological support. It also links up individuals, couples, and families to follow-up psychological support and other services such as legal, welfare and spiritual support within communities, peer support groups, and appropriate medical care services. Van Dyk adds that:

HIV/Aids makes demands on the community and society that cannot be met by hospitals alone. Families and loved ones and the community all have an indispensable role to play in the support and care of individuals with HIV/Aids (2005: 209).

Roles in *Heartbreaker* bring out how people react differently when someone close to them tests HIV positive. When Thumelo tested HIV positive there were mixed feelings from people around him. His father did not want to have anything to do with him. By reacting that way he did not only portray stigma and discrimination against PLWHA, but reflected the importance of care and support for the affected. Mr. Nzimande was adversely affected by the fact that his son is now HIV positive. His reactions are coupled with anger and denial, something that is common among those infected and affected by HIV/Aids. His role serves the function of portraying how one can be devastated by HIV/Aids. He is depressed and his status is very low, with little self esteem as he can not deal with the fact that his son is HIV positive. Care and support becomes necessary in order to break these barriers. The cognitive and affective domains of this role have been severely hit by coming to terms with HIV/Aids. The portrayal of this role provoked some spectators to value the necessity of care and

support for the infected and affected. The spectators advised Mr. Nzimande to take back his son and not chase him away from home.

Mrs. Nzimande and Shakes' roles gave Thumelo support and this was important in helping him come to terms with testing HIV positive. Shakes was very supportive when his friend tested HIV positive. He showed a positive attitude towards his friend despite the fact that Thumelo was HIV positive. He is the one who took him to hospital when he got sick at school. Even after he finds out that his friend is HIV positive he does not end the friendship. He actually gives him more support in order to deal with his status. Shakes is still comfortable with having an HIV positive friend. Van Dyk (2005: 216) asserts that care and support is necessary to HIV positive persons because they do have many fears of being isolated, stigmatized and rejected. It is the purpose and function of Shakes' role to portray how important care and support is to an HIV positive person, as opposed to stigma and discrimination, as portrayed in Mr. Nzimande's role. Shakes as a childhood friend to Thumelo portrays role motivation through his attitude, purpose, function, role type and style in the play. He became a role model that the spectators could reflect with and change negative attitudes towards PLWHA. During reflection many spectators hailed Shakes for standing by Thumelo. One spectator however pointed out that this is not easy, but it has to be done 'because my friend with HIV is still my friend'.

Mrs. Nzimande supports her son after he tests HIV positive. She keeps on trying to convince her husband to change his attitude towards their son. This portrays the function that her role serves in the play. The purpose is to try and convince her husband to give support to their son. This also portrays the positive attitude she has towards her son despite the fact that he is HIV positive. Her role status is quite low when Thumelo tests positive compared to Mr. Nzimande, however, she keeps on using that low status to try to persuade her husband to change his attitude. Although her status is low she tries to convince her husband by being persuasive. Mrs. Nzimande also acts as a role model in terms of how spectators need to approach and react if their loved ones were to test HIV positive. As portrayed in the play it is not an easy task coming to terms with a

loved one testing HIV positive. The only way for the infected to have hope is by rendering him/her care and support. These actions and behaviour show the role type Mrs. Nzimande is taking in the play. She is a loving mother who shows her undying maternal love towards her son. In so doing she is bringing out the care and support needed by PLWHA. Van Dyk asserts that HIV positive people feel that they have lost everything that is important and beautiful to them (2005: 216). It is when they receive support from family and friends that they can be able to cope with their status.

Shakes agreed to keep Thumelo's status a secret for sometime and this shows the support that he is showing to his friend. When someone tests HIV positive there can be gossiping that goes on among family and friends. Shakes managed to keep this secret until Thumelo decided that it was time to disclose his status to his parents. Van Dyk (2005: 216) concludes that most HIV positive persons go through a stage of denial. This provides a defensive mechanism for them, and also gives them space to breathe and gather strength. By allowing Thumelo to go through the phase of denial, Shakes showed his support to Thumelo. This role type portrays the support mechanisms that are necessary and the importance of care and support to those infected. Without Shakes, Thumelo's life could have been different especially considering his father's reaction to his HIV status.

Mrs. Nzimande and Shakes' roles portray the domains that guide these roles. Landy points out that domains portray the faculties of humanness in role. Moral feelings and thinking are informed by the decisions and actions that are taken on how to give care and support to an infected friend. This portrays attitude, purpose, function, type, and style in roles that speak to the theme of giving care and support to the infected and affected.

5.2.4 Cultural influences

HIV/Aids is a complex issue that involves social, cultural, spiritual, physical, economic and political aspects of our lives. It is therefore more than just a health issue but also one of development. Culture plays a central role in negotiating HIV/Aids response programmes because a people's way of life will influence how they relate and

participate in interventions. The 2006 UNESCO report, by the Social Science Research Council (SSRC) says:

While several decades have passed since HIV was first identified, the pandemic's complexities persist in challenging communities, countries and response efforts. The challenges associated with HIV/Aids have proven to be especially difficult because they differ from culture to culture. The ways in which the pandemic is regarded as well as the ways in which responses are conceived and implemented are intimately linked to factors such as traditional practices, gender issues and beliefs (2006: 4).

It is against this background that the need to mainstream HIV/Aids in all aspects of our lives is demanded. It is important to negotiate with culture when dealing with prevention, delivering quality care to the infected, and mitigating the impact of the disease.

Heartbreaker portrays cultural challenges associated with responding to HIV/Aids through the roles of characters in the play. In the African context talking about sex and sexuality is a challenge especially between parents and children. This comes from the cultural perceptions and beliefs that sex talk is taboo, and only something that is talked and practiced by the older and mature members of society. Mr. Nzimande's role portrays attitudes which reveal social role domains related to sex and HIV/Aids. Social role domain pertains to societal norms, power, status and belief systems. He is not comfortable to talk to his son about sex and sexuality. In a rewind scene when his seven year old son, Thumelo, comes home and asks him where babies come from Mr Nzimande does not give him enough information to educate him about sex and sexuality. He feels embarrassed by the topic and instead of telling Thumelo how babies are made; he gives him incomplete information which does not really help. The spectators were provoked by this to realise the need to talk to their children about sexuality. Spectators however pointed out that it was a challenge although it has to be done considering the riskiness that the children can be exposed to if they do not have the knowledge. Some spectators suggested aunts and uncles talking to the children and not necessarily the parents. The topic for Mr. Nzimande's role is a very sensitive that

he cannot afford to be explicit and tell his son what really happens. The spectators in the intervention identified with the role.

Mr Nzimande's role brings out the cultural challenges in relation to dealing with HIV/Aids. Talking openly about sex between parents and children is not easy as portrayed by Mr. and Mrs. Nzimande's roles in the play. Mrs Nzimande assumes that her husband talks to their son about sex and sexuality, and she does not talk to him about it, while Mr Nzimande thinks it is unnecessary and therefore does not inform him. In the current environment there is need for parents to talk about sexuality and HIV/Aids with their children so that they are aware of the existing threats. The Issues of Public Health article (2001) says communication between parents and their children about sex is often difficult. Parents and children alike often are embarrassed to talk about sex and avoid the topic. The article further points out that in South Africa adolescent women said they were afraid to talk to their parents about sex. There is a possibility that lack of education on sex, sexuality and HIV/Aids led Thumelo to be exposed to HIV infection. However despite all these suggestions culturally it is very difficult for parents and children to talk about sex.

By portraying the roles trapped in cultural practices and beliefs the spectators were able to reflect on themselves and see how they may contribute towards stopping the spread of HIV/Aids. The role aspects helped in the portrayal of the themes and thus appealing to the spectators. The roles presented symbols through which the spectators were able to reflect on their position in HIV/Aids education against the background of cultural influences.

5.3 Conclusion

Jennings (1994: 76) asserts that role provides a fair model for interaction. The themes in *Heartbreaker* were communicated to the spectators through role. It is the embodiment of these themes in role that allowed spectators to interact in a process that challenges their perceptions. The roles carried certain attitudes, status, function, purpose, domains, qualities, and style that influenced the spectators in their perceptions

of HIV/Aids. By so doing the roles became symbols through which the spectators were able to deal with the HIV/Aids issues. Jennings (1994: 80) also points out that through the interaction of the self with the other; the self develops the ability to take on the perspectives of the other. Embodiment of role brought the human aspect to the themes that enabled an interactive process with the spectators in the intervention. The relationship between the spectator and role is vital as this is how communication occurs in an intervention. Interacting with role in such a process involves witnessing as being a spectator to others and also to oneself within a context of personal insight or development. The spectators relate to the role and through that interaction they can see things through symbols and have shared meanings with the role. The interaction involves a process through which the self is realised by and through the other. Through embodiment, the body becomes the primary mode of communication that occurs between the self and the other. Through role, communication is embodied allowing the spectators to engage in an interactive process with the themes of parental influence, care and support, stigma and discrimination and cultural influences.

The next chapter looks at the emerging paradigms by focusing on the effectiveness of the modes of communication in applied drama and theatre that have arisen from the findings on the significance of role in HIV/Aids intervention.

Chapter Six

Emerging Paradigms

6.0 Introduction

The significance of role in HIV/Aids intervention lies in its ability to communicate between the actor-educators and the spectators. Role allows interaction in an intervention which is vital in the communication process. ITTC uses the interactive approach, of which role is central, in order to ensure effective communication between the actor-educators and the spectators. This communication process takes many forms, it is not just simply verbal communication, but encompasses signs and symbols.

According to Elam:

An adequate account must be able to identify the range of sign repertoires making up what might be termed the theatrical system of systems; to explain the internal (syntactic) relations of each and the inter relations between systems; and to make explicit the kinds of rules which allow meaning to be communicated and received in the performer-spectator dialectic (1980: 32).

In HIV/Aids education there is need for performer-spectator dialectic in order for the intervention to be beneficial to both parties.

It is the need for effective interaction between actor-educators and the spectators in HIV/Aids education which makes role fulfil its purpose in an intervention. This, as highlighted by Elam (1980), is dependent on the relations that can be observed in an intervention. From this research there are emerging modes of communication that make role significant in HIV/Aids interventions. These paradigms include participatory, reflective, reversal and reflexive modes. The presence of these modes of communication is important in HIV/Aids education and tends to operate in behaviour change. A number of interventions that have been previously done in communities overlooked the use of role, which is a central aspect to all theatre, to engage with spectators. This chapter analyses the significance of these emerging paradigms in the ITTC interventions.

6.1 Participatory Mode

Communication in some theatre circles between the facilitators and the spectators in the early days of applied drama and theatre has been described as a one way communication system. Scholars like Kerr (1991), Kidd (1991), Freire (1993), Desai (1991) and Boal (1985, 1992, 1995) have highlighted the challenges that occur in the communication process between facilitators and spectators in interventions. These scholars assert the need for a model that allows participation of both parties in an intervention. Jennings avers that, ‘the model of development of a person lies in social interaction and transactions of the individual with others in an environment’ (1994: 75). In the ITTC interventions the participatory mode was the basis upon which the process relied. The spectator involvement was evident through their contribution and response to questions, hot seating, simultaneous dramaturgy, reflection and role playing. Role as a central aspect of the intervention allowed the actor-educators to interact with the spectators in a process where both parties were bound to benefit. It is this interaction that allowed role to speak to both the actor-educators and the spectators through identification and projection.

HIV/Aids education and behaviour change depend on the perception of the self. In order for there to be any development of the self, the intervention must accommodate that self in a participatory mode. The development of the self is dependant upon the philosophy of symbolic interaction through role. O’Neill points out that:

All forms of theatre, including improvised drama, have in common the need for an audience. The spectators and their participation in the encounter define it as theatre, which does not mean merely what the actors do in the presence of the audience. The spectators are essential in the realisation of the work and without them no theatre event is complete (1995: 111).

The spectator influence is necessary in applied drama and theatre. In the ITTC interventions the spectator participation was vital in that it shaped the intervention to a certain extent. They were able to engage in asking the actor-educators questions and giving suggestions in a process similar to Boal’s simultaneous dramaturgy. This enabled role to be able to speak to the spectators via a participatory mode as

demonstrated in chapter three. The limitation in ITTC intervention was that spectators' involvement was given limited time and the questions and suggestions were more guided. The spectators were shaped to react and act in positive ways. This can result in pseudo participation as most spectators will adopt a prescribed positive attitude in the intervention, something that may be false and not what they will do in real life when dealing with HIV/Aids.

Role creates dramatic worlds which allow the interaction of the performer and the spectator. Haseman and O'Toole assert that:

Working in drama involves stepping into an imagined world. To make this imaginary world of drama meaningful and purposeful, it must have aspects of the real world in it. The central, real world component of dramatic situations is human relationships (1986: 3).

Through the use of role in the creation of dramatic worlds ITTC managed to engage the spectators as active participants in the process. The performances were used to create the imaginary worlds with role acting was a mediating force in the presentation of the themes in order for the spectators to actively participate. By creating the dramatic worlds ITTC was able to engage the spectators in a way that allowed them to come to terms with HIV/Aids issues. HIV/Aids is often associated with a range of psychological challenges which people, families and communities struggle to come to terms with. HIV/Aids has an impact on the infected and/or affected socially, emotionally and psychologically. Through the use of role in the plays presented before them and also being involved in role playing spectators were able to cope with their fears and emotions. By creating the dramatic worlds, a safe space was framed that allowed the spectators to participate in the ITTC interventions. The use of a prepared performance however has its weakness to the ITTP in that they use a "one size fits all" approach where the same performance is used for varied spectators. Dividing the spectators merely into youths and adults is not enough to address the complexity of HIV/Aids.

Applied drama and theatre thrives when the spectators are able to realise the need for their involvement. It operates from the realisation that there are issues within communities that need to be addressed, and participatory theatre is one way of dealing with them. The spectators will be in a participatory mode despite the fact that the intervention would have been initiated by external facilitators. The notions of participation and inclusivity enable people to take control of their lives and are central principles in applied theatre. Taylor points out that, ‘there is an obligation in which audience members observe a theatre presentation, or scenario, and also participate in it’ (2003: 4). This was the case with ITTC interventions. The spectators participated in the process that involved presenting a prepared play which they would engage with in a participatory mode as shown in chapter three.

It is through participation that the spectators were able to at least come to terms with their problems. Boal’s (1995: xxiv) pedagogy does not deliver the finished product to its audience to be digested, if anything, it delivers a process, a provocation. Through participation in the process the spectators are able to go through an experience that is vital in dealing with HIV/Aids rather than being told what to do. This allows the spectators to go through an experiential journey in coming to terms with the HIV/Aids epidemic. By becoming *spect-actors* (active members as described by Boal) in the ITTC interventions, the spectators were able to face their HIV/Aids fears and emotions. It is this capacity of the spectators to become *spect-actors*, where they consciously and deliberately reflect and act on the implications of their own and other’s actions, which is central to applied drama and theatre. This not only allowed them to grapple with HIV/Aids on a personal level but also gave them an understanding of others as well.

Role has to be motivated in order to engage the spectators in a participatory mode. O’Toole argues that, ‘a drama frames a particular set of interactive behaviours between people, each of whom has purposes and motivation towards goals’ (1992: 73). Role motivation allowed the spectators to engage in a participatory mode. The roles in the ITTC interventions spoke to the spectators by bringing out the HIV/Aids themes that

they identified with. This allowed them to step into the dramatic world and participate as O'Neill points out.

The entire occurrence is a kind of conspiracy by both the watchers and the watched to establish and believe in the imaginary world that is being created and presented. Although it appears the actors are in control of this conspiracy, the audience can be regarded as the senior partner in this relationship, calling the tune, as it were, and even indirectly employing all those engaged in creating the theatrical experience (1995: 112).

This type of experience demands an active mediation by the spectators, who speculate, make assumptions, apply interpretations, and develop expectations about the make believe world that is unfolding before them. It is through this interaction with role that the spectators engage in a participatory mode in the ITTC interventions.

Taylor points out that, 'applied theatre works best when the participants are actively engaged, critically exploring the implications of their own and other's actions' (2003: 5). It is through engaging in a participatory mode that the spectators found meaning in the ITTC interventions and came to terms with the HIV/Aids epidemic through projection and identification as discussed in chapters three, four and five. By agreeing to step into imaginary worlds where there is interaction between the role and the self the spectators discovered new lessons on HIV/Aids. The participatory mode is vital in HIV/Aids response programs as it engages the spectators in a process where they rehearse for real life. By role playing in a situation in the workshop-performance the spectators were rehearsing for life. This gave them an opportunity to be in the shoes of the other in an experience that allowed role to interact with the self on HIV/Aids related issues. The ITTC however needs to invest more time to the spectators in the various levels of participation. Investing trust within the spectators and their thoughts will allow for better and beneficial interventions rather than being optimistic and not exploring the challenges which some spectators are bound to raise. Going through a participatory mode that allows effective expression will prove to be vital in raising and addressing HIV/Aids challenges.

6.2 Reflective Mode

The reflection in applied drama and theatre involves finding meaning in the roles played in a fictional mode. Landy (1993: 51) points out that this helps in assessing the value of drama, validating feelings and providing needed translations from the world of imagination to that of the here and now, and from the contained dramatic space to the less controlled space of everyday life. The reflective mode enables the spectators in the ITTC interventions to find meaning in the roles that would be presented before them. Spectators have been given limited space to be reflective and find the spectator-self in interventions in order for them to find meaning. It is the use of role as a central aspect in the ITTC interventions that emerged as a vital aspect that gives room for the reflective mode for both the actor-educators and the spectators.

Reflective mode enables the spectators to be constantly in and out of the dramatic world. This involves interacting with the roles in the dramatic worlds and constantly finding the essences of that presentation in their everyday lives. The purpose and form of the roles in an intervention need to be clear for the spectators to be engaged in a reflective mode. In the ITTC interventions this is centred on how roles were played bringing out the connection between feeling and thought. Most roles in the ITTC interventions had clear purposes and this enabled the spectators to engage in a reflective mode. Getting in such a mode enabled the spectators to revisit their positions and thoughts on HIV/Aids, trying to find out the best way to respond to HIV/Aids at both family and community level. Taylor asserts that:

When applied theatre operates well it can challenge audience members, spectators, to ask themselves questions: what might I do if I were placed in the same circumstances? How does the experience being demonstrated in front of me relate to my own life circumstances? To what extent can I learn from the experience? How might my life be changed or transformed? (2003: 6).

Of course it is not always that applied drama and theatre achieves this state, there are times when spectators are merely entertained and not challenged to rethink a familiar or contemplate unthought ideas. This has been the challenge for early forms of applied drama which emphasised information dissemination, just to let people know about

HIV/Aids. Through the use of role ITTC engaged the spectators in a reflective mode which allowed better communication, which appeals to the self for spectators and actor-educators. The roles carried themes that were brought out through role enabling spectators to identify or project with role in the intervention.

Through the presentation of roles in front of an audience in a dramatic world the ITTC actor-educators were able to invite the spectators to reflect. This presentation invited the spectators to look at themselves in relation to the roles and by so doing they reflect upon themselves. O'Neill points out that:

Anyone who publicly takes on a fictional role becomes at once both more and less than an individual. As soon as they are viewed as in even the most vestigial role actors require a corporeal exemplarity. Whether at the most developed end of the continuum of acting behaviour or at least personalised, actors represent different versions of humanity and will be recognised as types in a human family (1995: 70).

Through identification and projection of themes through role the spectators assess the value of the drama upon their everyday lives. In *Class of 2008* and *Heartbreaker* there were role personalities that spectators identified and projected with. This is important because the drama becomes a transformative agent that places the spectators in direct and immediate situations where they can witness, confront, and deconstruct aspects of their own and others' actions in relation to HIV/Aids.

Reflection is vital in HIV/Aids education if behaviour change is to be achieved. Engaging the spectators in a reflective mode appeals to the self which is an important element in influencing behaviour change. The use of role by the ITTC as the central aspect to their interactive process, gives room for developing a reflective mode not only for the actor-educators but for the spectators too. O'Neill (1995: 84) asserts that playing the role is the means by which the very concept of role itself is investigated. In all kinds of drama, role play is both the medium and the message upon which the reflective mode is based. By using role, the ITTC actor-educators managed to engage the spectators in a reflective mode.

ITTC seeks to effect behaviour change among South Africans so that they engage in safer sex and live a healthy life style. In order for ITTC to achieve its purpose they have to engage the spectators in a process of efficacy and transformation. This transformative principle shares a lot with other participatory and community theatre movements, where a central emphasis is on the application of theatre to help people reflect more critically on the kind of society in which they live. Boal (1985: 3) argues that at its most effective, theatre places audiences on both the inside and the outside of a virtual world, and it is this duality that leads to significant reflective experiences. Freire (in Taylor 2003: 9) highlights that:

The heart of educational transformation is an enabling of human beings to consciously reflect on their actions and then change their behaviour in light of their discoveries. Such transformation is a praxis: action-reflection-transformation' (2003:9).

ITTC through its application of role managed to engage the spectators in a reflective mode to a certain extent. The effectiveness could be more if the workshop-performances give more time for reflection during and at the end of the intervention. If the reflective mode is to be a good model that benefits spectators in the ITTP, more room has to be provided for reflection to make it a better approach to HIV/Aids interventions.

6.3 Reversal Mode

Taking the role of the other in an intervention allows the actor-educators and the spectators to engage in a process where there is role reversal. This involves taking the role of the other person in order to understand their feelings and thoughts. The ITTC intervention gives room for this type of communication between the actor-educators and the spectators. According to Jennings (1994: 75) being in role may give rise to a different set of behaviours and perhaps attitudes from playing another role. It is through role reversal that the spectators and the actor-educators are able to interact in a process that will be beneficial to both parties, by engaging in a mutual understanding of the roles presented.

Through role reversal the spectators and actor-educators have an opportunity to interrogate the situation at hand as presented in role. O'Toole points out that:

As we have seen, a participant 'steps into the shoes of another' in order to experience subjectively some aspects of that other, or the situation in which that other is found. To do that the subject must find the humanness of that other, acknowledging that he or she is capable of that other's actions and so identify with the character in the situation (1992: 86).

People act and react differently in relation to HIV/Aids. This arises from the fact that HIV/Aids has psychological and emotional effects on the well being of people, both the infected and/or affected. It is the complexity of HIV/Aids that gives role a place as one of the few meaningful ways through which people can understand each other.

In the ITTC intervention the actor-educators and the spectators engage in a reversal mode in order to make communication possible. During 'breaking the silence' moments spectators and actor-educators take turns to play the role of being HIV positive with the other part taking the role of a supporting friend. This gives the spectators and the actor-educators an opportunity to be in the shoes of the other. It is by going through this practical experience that the reversal mode enables communication between the infected and the uninfected. The challenge for ITTC is that the spectators are told what to say as a response to an HIV positive friend, it would be more effective if the spectator responded in a way they want. This would help ITTC actor-educators find the problems that may exist among the participants, and then address them through role.

Power dynamics play a part in involving the spectators in interventions. When the spectators are passive there can be minimal benefits to them as compared to when they are actively involved. The reversal mode allows both the spectators and the actor-educators to take on active roles in the intervention. The existence of such a scenario results in a shared power relationship between the spectator and the actor-educators. Taylor asserts that:

Applied theatre pivots on the conviction that the theatre form can uniquely place individuals in situations where they can interrogate some issues, confront a problem, and analyse their relationship to the world in which they live (2003: 4).

Through the reversal mode the spectators and the actor-educators get to understand what it is like to be HIV positive and what it is like to have Aids. By understanding the feelings, emotions and thoughts of the other, issues such as HIV/Aids stigma and discrimination can be tackled. Without having a proper understanding of each another, HIV/Aids can prove to be a difficult subject to tackle. ITTC's use of role reversal helps to engage the spectator in a mode that makes them face the reality of HIV/Aids. The challenge for ITTC interventions is that the spectators do not express themselves but are rather told what to say. This may be of little benefit to the spectators since what they say will not be their own thoughts and feelings. Giving the spectators room for self expression could be more beneficial to ITTC's work.

Understanding the consequences of our actions and the effects they have on others is very important. Jennings points out that, 'we know who we are through the way other people interact with us and reflect back to us the consequences of our behaviour towards them' (1994: 82). HIV/Aids is a subject that needs one to be careful in relating to other people. It is through such interaction that the actor-educators and spectators engage in a reversal mode that helps in HIV/Aids communication. Through the reversal mode, embodiments of the whole dramatic situation can be invented, reinvented, and rearranged allowing spectators to experience what it is to be the other. Role reversal allowed ITTC spectators to engage in an experience of discovery, thus rehearsing for life.

The reversal mode allows the actor-educators and the spectators to be able to move from one state to the other in the dramatic encounter. The boundaries between the two sides become fluid and this gives room for engaging and understanding of the situation from both sides. The fluid boundaries allow the participants (actor-educators and spectators) to learn who they are and what they could be in relation to HIV/Aids.

Looking at a situation from a different point of view is important when it comes to HIV/Aids. The reversal mode in the ITTC intervention offers a conducive environment where this can happen. It is the use of the reversal mode that enables actor-educators and spectators to have a better understanding of one another, and thus result in devising better ways of dealing with HIV/Aids and its sensitivity as a subject.

6.4 Reflexive Mode

The interaction of the self and role allows an element of reflexiveness on the role player. Reflexiveness involves looking back at one self in the process of being engaged in an action. The ITTC through its use of role managed to engage spectators in a reflexive mode by involving them in role play. Jennings (1994: 81) asserts that the essential quality of the self is that it is reflexive; we experience ourselves in the same way we experience other objects and people. Responses to HIV/Aids need to appeal to the human self in order to influence behaviour change. ITTC turned to the use of role in order to appeal to the self engaging it in a process where there is reflexiveness of one self on HIV/Aids issues.

Early applied drama and theatre interventions overlooked emphasis on the reflexive mode for the spectators since they were not actively involved in role. The spectators were not present during role creation and role taking; they were even passive during the drama (role playing) and were only engaged after the drama. Involving spectators only in the post-performance discussions has been raised earlier on in this report. Boal (1982, 1992, 1995) asserts the need for spectators to be actively involved in the action through taking on roles, not just participating from a seated position. It is through playing a role that reflexiveness can take place. In order for the spectators to benefit from the interventions they have to take active roles in the process. ITTC gave spectators room to be involved on that level to some extent. ITTC needs to give more time to spectators on role playing in the interventions in order to allow self reflexivity. Currently only a few spectators get the opportunity to role play, and this means self reflexivity is only limited to those few individuals who get the chance to role play.

It is the level of active interaction between the self and the role that can allow self reflexivity. Courtney (1974) notes that there are distinguishable levels of interaction between the self and the role in role playing, from a point where there is consciousness to where there is unconsciousness, and these influence the reflexivity mode. The ITTC interventions operate on a level where the self and the other consciously engage with each other. When this occurs it means that the role player has room for self reflexivity. Jennings points out that, 'through the interaction of the self with the other, the self develops the ability to take on the perspectives of the other' (1994: 80). In HIV/Aids there is need for understanding others by role playing in order to come to terms with their HIV status. The interaction that occurs between the self and the role allows understanding of one another through self reflexivity rather than being judgemental. This is what makes the reflexive mode important in the ITTC intervention. It will be more beneficial in the ITTC intervention if more spectators get involved in role playing, because role playing engages them to reflect in action.

In the ITTC interventions the spectators experience an event while controlling the nature of the experiences they are having. They engage in a form of internal dialogue in which they critique the experience at the very same moment they submit to that experience. When this occurs the spectators are challenged to ask themselves questions like: what am I supposed to do in these circumstances? This is the central aspect that needs to exist in HIV/Aids intervention. Lack of understanding others affects HIV/Aids response programmes. Rodd (in Taylor 2003: 4) asserts that:

The theatre allows us to converse with our souls - to passionately pursue and discover ways of living with ourselves and others. We are all artists, and theatre is a language. We have no better way to work together, to learn about each other, to heal and to grow (Rodd 1988: xix).

It is through such coexistence that HIV/Aids response programmes can be effective in addressing HIV/Aids related stigma and discrimination. There has been 'othering' (polarisation based on one's HIV status) in HIV/Aids and this has had a negative impact on the campaigns so far. The society has been polarised between the infected, affected and the uninfected. Through the use of role, which gives room for self

reflexivity, the spectators in the ITTC intervention engage in a process that can destroy these barriers. At the end of the day we are all infected and/or affected by HIV/Aids. In a play, *The Truth About You*, directed by Grace Meadows, othering is highlighted as one of the ways that the HI Virus thrives. One of the effective ways to address HIV/Aids is engaging in a self reflexive mode to question ourselves on actions and decisions we make in relation to HIV/Aids issues and how that impacts on ourselves and other people.

O'Toole (1992: 68) points out that in drama role is an extremely processual element. Out of the different elements of drama the metaxis between the real and fictional contexts is most evident in role. When spectators play a role they get into a liminal space which allows the interaction of the real and fictional worlds. This allows what Bolton referred to as "thought in action" (in Taylor 2003:6). By engaging spectators in a liminal space the intervention challenges the participants to attempt a resolution in action. Boal on the same topic points out that:

Theatre is born when the human being discovers that it can observe itself; when it discovers that in this act of seeing, it can see itself – see itself *in situ*: see itself seeing. A triad comes into being. The observing-I, the I-*in-situ*, and the not-I, that is, the other (1995: 13) (author's emphasis).

This is what makes the ITTC intervention effective in the HIV/Aids education process. However self reflexivity is limited only to a few spectators who are invited to role play. The few spectators who role play are able to be reflexive, and this goes a long way in influencing behaviour change.

Taylor (2003: 5) questions that while applied drama and theatre can be a useful way for communities in crisis to express concerns about what is preventing them from reaching their aspirations; can outside interventionists really share the grief and devastation of these communities? When there is talk of transformation, whose transformations are being promoted and valued? This is a major challenge for applied drama and theatre. The challenge is certainly apparent when we investigate work that demands a huge emotional investment from the participants (actor-educators and

spectators) like HIV/Aids education. This must not be merely about the spectators surrendering their capacity to think and to reflect on the nature of experiences they are having. The spectators must not merely experience but actively contemplate and critique the nature of the experiencing. By using role in its reflexive mode ITTC enables spectator involvement in the intervention giving them ownership of the process. The challenge as earlier highlighted is that only a few spectators experience that process and many are left out. Reducing the number of participants in an intervention and opening more space for role playing by spectators will enable more engagement for spectators through the reflexive mode.

Self reflexivity is what makes the ITTC interventions appeal to the spectator selves as O'Neill concludes.

Even the most limited and functional kind of role taking will demand some degree of self-transcendence, something that goes beyond the actual here and now. Participants in role play are simultaneously an audience to their own acts and observers of the consequences of these acts (1995: 80).

It is through such an approach which utilises role that the HIV/Aids pandemic can be tackled. With the spectators going through this experience getting to know the self and the other, a better understanding of HIV/Aids can emerge in the families and society. ITTC has managed to use this mode, however they need to work with limited numbers that allows more spectators to role play and become self reflexive thus making their interventions more effective in responding to HIV/Aids.

6.5 Conclusion

O'Neill (1995: 91) points out that the best way of discovering ourselves and learning our powers and potentialities is through our encounter with others, both real and imaginary. Through the dramatic roles and worlds that are available vicariously in theatre we can learn both who we are and what we may be. The participatory, reflective, reversal and reflexive modes enabled the spectators to engage in the ITTC interventions in a way that is significant to HIV/Aids education. This also consolidated the 'interactiveness' of ITTC's approach engaging the spectators on a level where they

are able to engage the role, the self and the other. Through the aforementioned modes the spectators moved in and out of the dramatic projection. There was constant movement from the self in everyday life to the other in an imaginative dramatic world. This enabled interaction between the real and dramatic world that is important for distancing emotional issues related to HIV/Aids. O'Neill concludes that, 'all great drama will work best by leaving much endowment of characters, place, and action to the audience...' (1995: 77). Through these modes of communication ITTC gave spectators space to explore HIV/Aids issues.

Chapter Seven

General Conclusion

7.0 Introduction

This research undertook to investigate the significance of role in HIV/Aids interventions. It is a case study of Themba HIV/Aids organisation's ITTC that is based in Johannesburg. The organisation uses applied drama and theatre as a medium of communication in their HIV/Aids education programmes in schools, prisons, communities and organisations. The purpose of this research was to find out how ITTP applied role technique in their HIV/Aids interventions.

7.1 Summary of Research Findings

Role is indeed at the core of the ITTC interventions since its inception although in describing their approach the ITTC Rehearsal and Development Manager did not place role technique as a central aspect in their work. Role technique is imbedded in a number of techniques drawn from various theatre forms that ITTC uses. With the presence of role the ITTP was able to communicate with spectators to some extent in modes that engaged them at various levels which are vital in dealing with HIV/Aids education. The role application however had limitations that could be observed in relation to role structuring by ITTC. Participatory learning is important in HIV/Aids education and in the ITTP this is achieved using various modes of communication. The role technique carries various themes presented in physical embodied characters that are present on stage. The spectators identified with roles and this led to effective interaction between spectators and actor-educators which gave space for experiential learning through the various modes of communication in the ITTP. This makes ITTC's approach different from the previously used approaches in applied drama and theatre.

7.2 Recommendations

It is recommendable that the ITTP contains some of the most effective modes of communication in HIV/Aids education. However these need to be developed further in

order for their approach to be significant. The most important thing is that ITTC needs to realise the presence of these modes of communication in their ITTP. The next step is then to develop these modes of communication and make them more effective so that the spectators can benefit. This will go a long way in responding to behaviour change which is a subject that has been challenging to many HIV/Aids response programs. More time can be invested in allowing the development of these modes and thus breakthrough in behaviour change.

In order for ITTC to effectively utilise role and enable the effective presence of the different modes of communication, the size of the spectators in an intervention has to be reduced. Spectators of up to one hundred and fifty in an intervention are too large a group to deal with and ensure the utilisation of these modes of communication. Having spectators under fifty may be useful in that it enables space for the participants to apply the modes of communication in the ITTP. Investing more time in active participation of the spectators as *spect-actors* will enable the utilisation of all the modes of communication. Currently the participatory mode of communication (from seated positions by spectators) is the one mostly utilised by ITTC while the reflective, reversal and reflexive modes are less utilised because of the way ITTP is structured. Restructuring of the ITTP will enable full utilisation of all the modes of communication and thus influence behaviour change.

The spectators also do not need to be told what to do, they have to discover themselves and find HIV/Aids solutions for themselves. Being told what to say and do tends to limit the effectiveness of these modes of communication and affects effective role application. Despite some limitations ITTC has managed to make use of role in enabling better communication that can bring about behaviour change.

7.2 Further Research

During my research I encountered concepts that I was not able to explore due to the limitations and demands of this research. This gives me room for further research at Themba HIV/Aids organisation. The ITTP structuring on its own would be one area

that needs attention, simply focusing on the methodology and not necessarily focusing on role application. Also considering that Themba HIV/Aids organisation has a training wing, TTI, it would be one area that I would like to explore the approaches used for effective HIV/Aids training.

7.3 Concluding Remarks

As pointed out in this research role technique is a potent approach that is vital in applied drama and theatre work. Although previous applied drama and theatre work had overlooked role it is one of the aspects that needs attention as outlined by O'Neill (1995) who asserts that role is central to all theatre. The effectiveness of role as a suitable approach in applied drama and theatre is dependant on its application. It is not enough to just use the technique but it is through careful structuring and application that role can prove to be important in interventions. By appealing to the self, role becomes an approach that can be used in dealing with matters that appeal to the individual judgements like HIV/Aids. Despite some of the limitations, ITTC has managed to make a considerable impact in HIV/Aids education by using the interactive approach, of which role is a central aspect.

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